

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00002840  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

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 01 29 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**

Write or Type Committee Name  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		4857803.03
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	5529741.91									
(c) Total Receipts (from Line 19) .....	2005884.35	4318516.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7535626.26	9176319.59								
7. Total Disbursements (from Line 31) .....	1520383.86	3161077.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6015242.40	6015242.40								
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

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	90869.34	120638.90
(ii) Unitemized .....	1905098.83	4165221.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1995968.17	4285860.24
(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) .....	1995968.17	4285860.24
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) .....	6913.19	6929.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	20000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3002.99	5726.92
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)) .....	2005884.35	4318516.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2005884.35	4318516.56

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	495363.86	1001054.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	495363.86	1001054.71
22. Transfers to Affiliated/Other Party Committees.....	500000.00	1031952.48
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	318000.00	728500.00
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 .....	20.00	70.00
(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)) .....	20.00	70.00
29. Other Disbursements.....	207000.00	399500.00
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))..	1520383.86	3161077.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1520383.86	3161077.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	1995968.17	4285860.24
34. Total Contribution Refunds (from Line 28(d)) .....	20.00	70.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1995948.17	4285790.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	495363.86	1001054.71
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	6913.19	6929.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	488450.67	994125.31

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 585

(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)  
MIKE ABELL

Mailing Address 3307 BARDSTOWN RD

City State Zip Code  
SPRINGFIELD KY 40069-9451

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2009

Transaction ID: SA11AI.108834

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
DONALD ABERNATHY

Mailing Address 47 SOENKER CR

City State Zip Code  
ST PETERS MO 63376

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2009

Transaction ID: SA11AI.112684

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
SHEILA ABRAHAM

Mailing Address 1914 CONE ST

City State Zip Code  
TOLEDO OH 43606

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

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL  
CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.50

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2009

Transaction ID: SA11AI.111921

Amount of Each Receipt this Period  
62.50

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

412.50

**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 / 585

(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)

SHEILA ABRAHAM

Mailing Address 1914 CONE ST

City State Zip Code  
TOLEDO OH 43606

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt

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

Transaction ID: SA11AI.113984

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DENIESE ALEJANDRO

Mailing Address 196 N. CLAREMONT AVENUE

City State Zip Code  
SAN JOSE CA 95127

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

Name of Employer  
NEW UNITED MOTORS MFG

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  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.115354

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

JON K ALEXANDER

Mailing Address 1431 LUSCH RD

City State Zip Code  
MARION OH 43302-7521

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

Name of Employer  
PPG INDUSTRIES INC

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

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

Transaction ID: SA11AI.112079

Amount of Each Receipt this Period

24.00

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

349.00

**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 / 585  
(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)  
JON K ALEXANDER

Mailing Address 1431 LUSCH RD

City State Zip Code  
MARION OH 43302-7521

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

Name of Employer Occupation  
PPG INDUSTRIES INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID:** SA11AI.115081

Amount of Each Receipt this Period  
24.00

**B.**

Full Name (Last, First, Middle Initial)  
JON K ALEXANDER

Mailing Address 1431 LUSCH RD

City State Zip Code  
MARION OH 43302-7521

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

Name of Employer Occupation  
PPG INDUSTRIES INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** SA11AI.110993

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD JOSEP ALONZO

Mailing Address PO BOX 993

City State Zip Code  
ARTESIA CA 90702-0993

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2009

**Transaction ID:** SA11AI.113927

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **84.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 585  
(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 JOSEP ALONZO

Mailing Address PO BOX 993

City State Zip Code  
ARTESIA CA 90702-0993

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

**Transaction ID:** SA11AI.113928

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD JOSEP ALONZO

Mailing Address PO BOX 993

City State Zip Code  
ARTESIA CA 90702-0993

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.113392

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD JOSEP ALONZO

Mailing Address PO BOX 993

City State Zip Code  
ARTESIA CA 90702-0993

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.110804

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 585  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM AMMANN</p> <p>Mailing Address 29862 PALMYRA RD</p> <p>City State Zip Code WARRENTON MO 63383-4551</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 31 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.109741</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) F ANDERSON</p> <p>Mailing Address 5625 FOREST RISE CT</p> <p>City State Zip Code INDIANAPOLIS IN 46203-6098</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">12 / 07 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.109869</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) RICHARD ARELLANO</p> <p>Mailing Address 2308 COPPERVALE DR</p> <p>City State Zip Code ROCKLIN CA 95765-4249</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation NEW UNITED MOTORS MFG FACTORY WORKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">210.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 13 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.112289</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">30.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">130.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 585  
(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)  
RICHARD ARELLANO

Mailing Address 2308 COPPERVALE DR

City State Zip Code  
ROCKLIN CA 95765-4249

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

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.112290

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD ARELLANO

Mailing Address 2308 COPPERVALE DR

City State Zip Code  
ROCKLIN CA 95765-4249

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

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2009

Transaction ID: SA11AI.111232

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
JERRY D. ARNOLD

Mailing Address 11737 FROST RD.

City State Zip Code  
MANTUA OH 44255-9315

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

Name of Employer Occupation  
CONGOLEUM CORP. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

Transaction ID: SA11AI.109319

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

**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: (check only one)	PAGE 12 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN J ASHTON		Date of Receipt	
	Mailing Address 45 HAINES MILL ROAD		M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.110213
	DELTRAN	NJ	08075-1747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer SPD TECHNOLOGIES		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) ERIC S ATKINS		Date of Receipt	
	Mailing Address 295 ILENE AVENUE		M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.110744
	SOUTH LEBANON	OH	45065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		48.00	
Name of Employer AMTEX, INC.		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID K ATWOOD		Date of Receipt	
	Mailing Address 2320 S TIBBS AVE		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.109786
	INDIANAPOLIS	IN	46241-4801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer PENSKE CORPORATION		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	108.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID K ATWOOD		Date of Receipt
	Mailing Address 2320 S TIBBS AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	INDIANAPOLIS	IN	46241-4801
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.108829
		Amount of Each Receipt this Period	<input type="text"/> 60.00
Name of Employer PENSKE CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 270.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID K ATWOOD		Date of Receipt
	Mailing Address 2320 S TIBBS AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 8 / 2 0 0 9
	City	State	Zip Code
	INDIANAPOLIS	IN	46241-4801
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.108488
		Amount of Each Receipt this Period	<input type="text"/> 30.00
Name of Employer PENSKE CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) TIMOTHY J AUBRY		Date of Receipt
	Mailing Address 4433 285TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	TOLEDO	OH	43611-1912
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.112701
		Amount of Each Receipt this Period	<input type="text"/> 34.62
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.03

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 124.62
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 585  
(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 J AUBRY

Mailing Address 4433 285TH ST

City Toledo State OH Zip Code 43611-1912

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 11 / 19 / 2009  
**Transaction ID: SA11AI.114723**  
 Amount of Each Receipt this Period: 5.77

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY J AUBRY

Mailing Address 4433 285TH ST

City Toledo State OH Zip Code 43611-1912

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt: 12 / 08 / 2009  
**Transaction ID: SA11AI.114253**  
 Amount of Each Receipt this Period: 5.77

**C.** Full Name (Last, First, Middle Initial)  
TIMOTHY J AUBRY

Mailing Address 4433 285TH ST

City Toledo State OH Zip Code 43611-1912

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 12 / 09 / 2009  
**Transaction ID: SA11AI.114724**  
 Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 585

(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)

TIMOTHY J AUBRY

Mailing Address 4433 285TH ST

City State Zip Code  
TOLEDO OH 43611-1912

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.11

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.110603

Amount of Each Receipt this Period

5.77

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP W AUSTIN

Mailing Address 3651 PICKWICK CIR

City State Zip Code  
PLAINFIELD IN 46168-7352

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.109545

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

PHILLIP W AUSTIN

Mailing Address 3651 PICKWICK CIR

City State Zip Code  
PLAINFIELD IN 46168-7352

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.109546

Amount of Each Receipt this Period

25.00

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

80.77

**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 / 585  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial) GLEN AVILES		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 27458 MANON AVENUE		<b>Transaction ID:</b> SA11AI.109245
City HAYWARD	State CA	Zip Code 94544-4616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**B.**

Full Name (Last, First, Middle Initial) GLEN AVILES		Date of Receipt MM / DD / YYYY 10 / 19 / 2009
Mailing Address 27458 MANON AVENUE		<b>Transaction ID:</b> SA11AI.109853
City HAYWARD	State CA	Zip Code 94544-4616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**C.**

Full Name (Last, First, Middle Initial) GLEN AVILES		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 27458 MANON AVENUE		<b>Transaction ID:</b> SA11AI.109528
City HAYWARD	State CA	Zip Code 94544-4616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> 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 / 585
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GLEN AVILES		Date of Receipt
	Mailing Address 27458 MANON AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 8 / 2 0 0 9
	City	State	Zip Code
	HAYWARD	CA	94544-4616
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.108552
Name of Employer NEW UNITED MOTOR MFG INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GLEN AVILES		Date of Receipt
	Mailing Address 27458 MANON AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 1 / 2 0 0 9
	City	State	Zip Code
	HAYWARD	CA	94544-4616
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.108906
Name of Employer NEW UNITED MOTOR MFG INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES BANKS		Date of Receipt
	Mailing Address 702 NORTH JANSS ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 9 / 1 4 / 2 0 0 9
	City	State	Zip Code
	ANAHEIM	CA	92805
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.111777
Name of Employer CALIFORNIA STATE UNIVERSITY		Occupation CLERICAL WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 32.30
		<input type="text"/> 263.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 92.30
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 585  
(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)  
JAMES BANKS

Mailing Address 702 NORTH JANSS ST.

City ANAHEIM State CA Zip Code 92805

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

Name of Employer CALIFORNIA STATE UNIVERSITY Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.40

Date of Receipt: 09 / 15 / 2009  
Transaction ID: SA11AI.110710  
Amount of Each Receipt this Period: 32.30

**B.**

Full Name (Last, First, Middle Initial)  
JAMES BANKS

Mailing Address 702 NORTH JANSS ST.

City ANAHEIM State CA Zip Code 92805

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

Name of Employer CALIFORNIA STATE UNIVERSITY Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.55

Date of Receipt: 10 / 06 / 2009  
Transaction ID: SA11AI.110159  
Amount of Each Receipt this Period: 16.15

**C.**

Full Name (Last, First, Middle Initial)  
JAMES BANKS

Mailing Address 702 NORTH JANSS ST.

City ANAHEIM State CA Zip Code 92805

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

Name of Employer CALIFORNIA STATE UNIVERSITY Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.55

Date of Receipt: 11 / 04 / 2009  
Transaction ID: SA11AI.113312  
Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **83.45**

**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 / 585  
(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)  
YVONNE BARBOUR

Mailing Address 2805 COOSA CR

City State Zip Code  
HUNTSVILLE AL 35810

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

Name of Employer Occupation  
SIEMENS AG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.110445

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
KELVIN BEAMON

Mailing Address 3010 W 42ND ST

City State Zip Code  
INDIANAPOLIS IN 46228-3115

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.108878

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY BEHRENS

Mailing Address 5858 SOUTHRIDGE DR

City State Zip Code  
BROWNSBURG IN 46112-8796

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.110788

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 585  
(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) TIMOTHY BEHRENS		Date of Receipt MM / DD / YYYY 11 / 19 / 2009	
Mailing Address 5858 SOUTHRIDGE DR		<b>Transaction ID:</b> SA11AI.111836	
City BROWNSBURG	State IN	Zip Code 46112-8796	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

**B.**

Full Name (Last, First, Middle Initial) TIMOTHY BEHRENS		Date of Receipt MM / DD / YYYY 12 / 22 / 2009	
Mailing Address 5858 SOUTHRIDGE DR		<b>Transaction ID:</b> SA11AI.112369	
City BROWNSBURG	State IN	Zip Code 46112-8796	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

**C.**

Full Name (Last, First, Middle Initial) PETER BEHRENSPRUNG		Date of Receipt MM / DD / YYYY 10 / 01 / 2009	
Mailing Address 1628 MICHIGAN AVENUE		<b>Transaction ID:</b> SA11AI.111293	
City SHEBOYGAN	State WI	Zip Code 53081-3273	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> 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 / 585  
(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)  
PETER BEHRENSPRUNG  
Mailing Address 1628 MICHIGAN AVENUE  
City SHEBOYGAN State WI Zip Code 53081-3273  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KOHLER CO Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 10 / 14 / 2009  
Transaction ID: SA11AI.114366  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
PETER BEHRENSPRUNG  
Mailing Address 1628 MICHIGAN AVENUE  
City SHEBOYGAN State WI Zip Code 53081-3273  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KOHLER CO Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 10 / 28 / 2009  
Transaction ID: SA11AI.112833  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
SUZANNE BENJAMIN  
Mailing Address 2801 S E 50TH ST  
City OCALA State FL Zip Code 34480-8498  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCKHEED MARTIN CORPORATI-ON Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 03 / 2009  
Transaction ID: SA11AI.114360  
Amount of Each Receipt this Period 25.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 585

(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)  
KENNETH BERGER

Mailing Address 1816 CULBERTSON RD

City State Zip Code  
SHELBYVILLE IN 46176-2838

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.113149

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
KENNETH BERGER

Mailing Address 1816 CULBERTSON RD

City State Zip Code  
SHELBYVILLE IN 46176-2838

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.110016

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
KENNETH BERGER

Mailing Address 1816 CULBERTSON RD

City State Zip Code  
SHELBYVILLE IN 46176-2838

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.114197

Amount of Each Receipt this Period  
25.00

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

100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 585

(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)  
CHARLES BERNDT

Mailing Address 8046 E 34TH ST

City State Zip Code  
INDIANAPOLIS IN 46226-6473

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.114713

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES BERNDT

Mailing Address 8046 E 34TH ST

City State Zip Code  
INDIANAPOLIS IN 46226-6473

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.110061

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES BERNDT

Mailing Address 8046 E 34TH ST

City State Zip Code  
INDIANAPOLIS IN 46226-6473

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.114714

Amount of Each Receipt this Period  
25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 585  
(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)  
GILBERT G BERRY

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt 11 / 13 / 2009

**Transaction ID:** SA11AI.111883

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
GILBERT G BERRY

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 12 / 08 / 2009

**Transaction ID:** SA11AI.115409

Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
JERRY L BERRYHILL

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt 11 / 13 / 2009

**Transaction ID:** SA11AI.113466

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 585  
(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)  
JERRY L BERRYHILL

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.112955

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
BRIAN S BESS

Mailing Address 29759 ROAN

City State Zip Code  
WARREN MI 48093

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.114120

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
BRIAN S BESS

Mailing Address 29759 ROAN

City State Zip Code  
WARREN MI 48093

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** SA11AI.111539

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 205.00

**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 / 585  
(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)  
THOMAS E BETHUNE

Mailing Address 3737 TRINITY HILLS LN

City State Zip Code  
EULESS TX 76040-7256

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2009

Transaction ID: SA11AI.110871

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS E BETHUNE

Mailing Address 3737 TRINITY HILLS LN

City State Zip Code  
EULESS TX 76040-7256

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 07 / 2009

Transaction ID: SA11AI.112449

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
OWEN BIEBER

Mailing Address 901 AMBER RIDGE DR SW

City State Zip Code  
BYRON CENTER MI 49315-9796

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2009

Transaction ID: SA11AI.115824

Amount of Each Receipt this Period  
320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 620.00

**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 / 585

(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)  
OWEN BIEBER

Mailing Address 901 AMBER RIDGE DR SW

City State Zip Code  
BYRON CENTER MI 49315-9796

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

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.115802

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID BIGGERSTAFF

Mailing Address 3628 MARBLE DR.

City State Zip Code  
INDIANAPOLIS IN 46227

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

Name of Employer Occupation  
RYDER SYSTEMS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.110177

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
DAVID BIGGERSTAFF

Mailing Address 3628 MARBLE DR.

City State Zip Code  
INDIANAPOLIS IN 46227

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

Name of Employer Occupation  
RYDER SYSTEMS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.113851

Amount of Each Receipt this Period  
25.00

**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 28 / 585  
(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 BIGGERSTAFF

Mailing Address 3628 MARBLE DR.

City INDIANAPOLIS State IN Zip Code 46227

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

Name of Employer RYDER SYSTEMS Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 22 / 2009  
**Transaction ID:** SA11AI.113318  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL J BINK

Mailing Address W 2260 COUNTY ROAD

City OCONOMOWOC State WI Zip Code 53066-9545

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

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 09 / 29 / 2009  
**Transaction ID:** SA11AI.109380  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL J BINK

Mailing Address W 2260 COUNTY ROAD

City OCONOMOWOC State WI Zip Code 53066-9545

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

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 10 / 15 / 2009  
**Transaction ID:** SA11AI.109237  
 Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 585  
(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)  
MICHAEL J BINK

Mailing Address W 2260 COUNTY ROAD

City OCONOMOWOC State WI Zip Code 53066-9545

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

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 10 / 19 / 2009  
Transaction ID: SA11AI.109059  
Amount of Each Receipt this Period: 40.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL J BINK

Mailing Address W 2260 COUNTY ROAD

City OCONOMOWOC State WI Zip Code 53066-9545

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

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 11 / 13 / 2009  
Transaction ID: SA11AI.109060  
Amount of Each Receipt this Period: 60.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL J BINK

Mailing Address W 2260 COUNTY ROAD

City OCONOMOWOC State WI Zip Code 53066-9545

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

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 11 / 19 / 2009  
Transaction ID: SA11AI.109238  
Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 585  
(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 J BINK

Mailing Address W 2260 COUNTY ROAD

City State Zip Code  
OCONOMOWOC WI 53066-9545

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

Name of Employer Occupation  
FORTUNE BRANDS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.109522

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL J BINK

Mailing Address W 2260 COUNTY ROAD

City State Zip Code  
OCONOMOWOC WI 53066-9545

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

Name of Employer Occupation  
FORTUNE BRANDS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.108376

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
RALPH E BISHOP

Mailing Address 8720 N JEFFERSON

City State Zip Code  
KANSAS CITY MO 64155

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** SA11AI.113533

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

**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 31 / 585

(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)  
RALPH E BISHOP

Mailing Address 8720 N JEFFERSON

City State Zip Code  
KANSAS CITY MO 64155

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 725.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2009

Transaction ID: SA11AI.110944

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
RANDALL BLAND

Mailing Address 1721 E 2ND STREET

City State Zip Code  
TRENTON MO 64683

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 12 / 2009

Transaction ID: SA11AI.112629

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)  
KATHLEEN BLANKLEY-BORTLES

Mailing Address 63 WOODLAKE BLVD.

City State Zip Code  
MILLBURY OH 43447

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

Name of Employer Occupation  
PEXCO PACKAGING CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 206.25

Date of Receipt

M M / D D / Y Y Y Y  
11 / 02 / 2009

Transaction ID: SA11AI.108301

Amount of Each Receipt this Period

12.50

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

457.50

**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 / 585  
(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)  
ROBERT BLOCKWITZ

Mailing Address 4554 S 50TH STREET

City State Zip Code  
MILWAUKEE WI 53220-4120

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

Name of Employer Occupation  
FORTUNE BRANDS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

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

Transaction ID: SA11AI.114309

Amount of Each Receipt this Period  
28.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT BLOCKWITZ

Mailing Address 4554 S 50TH STREET

City State Zip Code  
MILWAUKEE WI 53220-4120

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

Name of Employer Occupation  
FORTUNE BRANDS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

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

Transaction ID: SA11AI.110133

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT BLOCKWITZ

Mailing Address 4554 S 50TH STREET

City State Zip Code  
MILWAUKEE WI 53220-4120

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

Name of Employer Occupation  
FORTUNE BRANDS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

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

Transaction ID: SA11AI.111754

Amount of Each Receipt this Period  
7.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 77.00

**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 33 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
ROBERT BLOCKWITZ  
Mailing Address 4554 S 50TH STREET  
City MILWAUKEE State WI Zip Code 53220-4120  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.110134  
Amount of Each Receipt this Period: 14.00

Name of Employer: FORTUNE BRANDS INC Occupation: FACTORY WORKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 287.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT BLOCKWITZ  
Mailing Address 4554 S 50TH STREET  
City MILWAUKEE State WI Zip Code 53220-4120  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 12 / 11 / 2009  
Transaction ID: SA11AI.111226  
Amount of Each Receipt this Period: 7.00

Name of Employer: FORTUNE BRANDS INC Occupation: FACTORY WORKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 294.00

**C.** Full Name (Last, First, Middle Initial)  
TIMOTHY J BOLEY  
Mailing Address 492 HIGHWAY 287  
City VILONIA State AZ Zip Code 72173-9641  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 07 / 30 / 2009  
Transaction ID: SA11AI.111452  
Amount of Each Receipt this Period: 26.00

Name of Employer: AMERICAN TRANSPORTATION CORP Occupation: FACTORY WORKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 286.00

**SUBTOTAL** of Receipts This Page (optional) ..... **47.00**

**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 34 / 585

(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)  
TIMOTHY J BOLEY

Mailing Address 492 HIGHWAY 287

City State Zip Code  
VILONIA AZ 72173-9641

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

Name of Employer Occupation  
AMERICAN TRANSPORTATION CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.115006

Amount of Each Receipt this Period

26.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY J BOLEY

Mailing Address 492 HIGHWAY 287

City State Zip Code  
VILONIA AZ 72173-9641

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

Name of Employer Occupation  
AMERICAN TRANSPORTATION CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 338.00

Date of Receipt

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

Transaction ID: SA11AI.110924

Amount of Each Receipt this Period

26.00

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY J BOLEY

Mailing Address 492 HIGHWAY 287

City State Zip Code  
VILONIA AZ 72173-9641

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

Name of Employer Occupation  
AMERICAN TRANSPORTATION CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 354.16

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.112480

Amount of Each Receipt this Period

16.16

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

68.16

**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 35 / 585

(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)  
TIMOTHY J BOLEY

Mailing Address 492 HIGHWAY 287

City State Zip Code  
VILONIA AZ 72173-9641

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

Name of Employer  
AMERICAN TRANSPORTATION CORP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.16

Date of Receipt

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

Transaction ID: SA11AI.113509

Amount of Each Receipt this Period

26.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY J BOLEY

Mailing Address 492 HIGHWAY 287

City State Zip Code  
VILONIA AZ 72173-9641

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

Name of Employer  
AMERICAN TRANSPORTATION CORP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
406.16

Date of Receipt

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

Transaction ID: SA11AI.110925

Amount of Each Receipt this Period

26.00

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY J BOLEY

Mailing Address 492 HIGHWAY 287

City State Zip Code  
VILONIA AZ 72173-9641

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

Name of Employer  
AMERICAN TRANSPORTATION CORP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
432.16

Date of Receipt

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

Transaction ID: SA11AI.115510

Amount of Each Receipt this Period

26.00

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

78.00

**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 36 / 585

(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)  
PAUL A BOLKUNOFF

Mailing Address 29 E ADAMS AVE

City State Zip Code  
ALHAMBRA CA 91801-4802

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.112533

Amount of Each Receipt this Period  
25.00

B.

Full Name (Last, First, Middle Initial)  
PAUL A BOLKUNOFF

Mailing Address 29 E ADAMS AVE

City State Zip Code  
ALHAMBRA CA 91801-4802

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.115062

Amount of Each Receipt this Period  
25.00

C.

Full Name (Last, First, Middle Initial)  
MATTHEW BOLLINGER

Mailing Address 1020 CHOCTAW TRAILS

City State Zip Code  
BLANCHARD OK 73010

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

Name of Employer Occupation  
BOEING FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.109174

Amount of Each Receipt this Period  
300.00

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

350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 585

(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)  
MICHELLE BONE

Mailing Address 214 FERRIS AVENUE

City State Zip Code  
TOLEDO OH 43608-1768

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

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

Transaction ID: SA11AI.111869

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)  
MICHELLE BONE

Mailing Address 214 FERRIS AVENUE

City State Zip Code  
TOLEDO OH 43608-1768

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.111349

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHELLE BONE

Mailing Address 214 FERRIS AVENUE

City State Zip Code  
TOLEDO OH 43608-1768

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt

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

Transaction ID: SA11AI.115387

Amount of Each Receipt this Period

12.50

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

100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 585  
(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)  
MICHELLE BONE

Mailing Address 214 FERRIS AVENUE

City Toledo State OH Zip Code 43608-1768

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY 12 / 08 / 2009

Transaction ID: SA11AI.114414

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
MICHELLE BONE

Mailing Address 214 FERRIS AVENUE

City Toledo State OH Zip Code 43608-1768

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt: MM / DD / YYYY 12 / 11 / 2009

Transaction ID: SA11AI.112880

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
W G BONNER

Mailing Address PO BOX 212

City EUSTACE State TX Zip Code 75124-0212

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY 08 / 25 / 2009

Transaction ID: SA11AI.108822

Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 585  
(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)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2009

Transaction ID: SA11AI.115869

Amount of Each Receipt this Period  
425.00

**B.**

Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

Transaction ID: SA11AI.115870

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

Transaction ID: SA11AI.115797

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 585  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADOLPH BORREGO</p> <p>Mailing Address 7365 BIRCH RUN RD</p> <p>City State Zip Code BIRCH RUN MI 48415-8459</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BLACKSTONE GROUP FACTORY WORKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 27 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.115820</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) ADOLPH BORREGO</p> <p>Mailing Address 7365 BIRCH RUN RD</p> <p>City State Zip Code BIRCH RUN MI 48415-8459</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BLACKSTONE GROUP FACTORY WORKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">525.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.115667</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) ADOLPH BORREGO</p> <p>Mailing Address 7365 BIRCH RUN RD</p> <p>City State Zip Code BIRCH RUN MI 48415-8459</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BLACKSTONE GROUP FACTORY WORKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">550.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 14 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.115871</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">75.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 41 / 585  
(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)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2009

**Transaction ID:** SA11AI.115763

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2009

**Transaction ID:** SA11AI.115724

Amount of Each Receipt this Period  
75.00

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

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2009

**Transaction ID:** SA11AI.115764

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 585  
(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)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.115872

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** SA11AI.115725

Amount of Each Receipt this Period  
75.00

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

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

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

**Transaction ID:** SA11AI.115726

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 585

(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)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 875.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.115844

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

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

Transaction ID: SA11AI.115798

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 925.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.115821

Amount of Each Receipt this Period

25.00

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

75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 585  
(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)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** SA11AI.115873

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.115685

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City State Zip Code  
BIRCH RUN MI 48415-8459

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

Name of Employer Occupation  
BLACKSTONE GROUP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2009

**Transaction ID:** SA11AI.115845

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ADOLPH BORREGO			Date of Receipt		
	Mailing Address 7365 BIRCH RUN RD			M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.115686		
	BIRCH RUN	MI	48415-8459	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. <b>C</b>			25.00		
Name of Employer BLACKSTONE GROUP		Occupation FACTORY WORKER				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1025.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID BORTZ			Date of Receipt		
	Mailing Address 112 CARRIAGE OAKS DRIVE			M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 9		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.113840		
	COLUMBIA	SC	29229-9302	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. <b>C</b>			75.00		
Name of Employer MACK TRUCK		Occupation FACTORY WORKER				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID BORTZ			Date of Receipt		
	Mailing Address 112 CARRIAGE OAKS DRIVE			M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 9		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.110714		
	COLUMBIA	SC	29229-9302	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. <b>C</b>			75.00		
Name of Employer MACK TRUCK		Occupation FACTORY WORKER				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> 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 46 / 585

(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)  
L O BOWMAN

Mailing Address 1515 N TOWN EAST BLVD # 138-19

City State Zip Code  
MESQUITE TX 75150-4157

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.115243

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
L O BOWMAN

Mailing Address 1515 N TOWN EAST BLVD # 138-19

City State Zip Code  
MESQUITE TX 75150-4157

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.113250

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN BOYCE

Mailing Address 5024 SCRUGGS STATION

City State Zip Code  
JEFFERSON CITY MO 65109

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

Name of Employer Occupation  
UAW LOCAL UNION LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.109161

Amount of Each Receipt this Period  
30.00

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

330.00

**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: (check only one)	PAGE 47 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) STEPHEN BOYCE	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 5024 SCRUGGS STATION	<b>Transaction ID:</b> SA11AI.108817
	City State Zip Code JEFFERSON CITY MO 65109	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UAW LOCAL UNION LOCAL UNION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LOREN M BOYKIN	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 1846 MACOMBER	<b>Transaction ID:</b> SA11AI.109181
	City State Zip Code TOLEDO OH 43606	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UAW LOCAL UNION LOCAL UNION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) G S BRANZ	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 31674 SCHOENHERR RD APT G-19	<b>Transaction ID:</b> SA11AI.111403
	City State Zip Code WARREN MI 48088-1967	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.00
<b>TOTAL</b> 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: (check only one)	PAGE 48 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) G S BRANZ	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 31674 SCHOENHERR RD APT G-19	<b>Transaction ID:</b> SA11AI.112451
	City State Zip Code WARREN MI 48088-1967	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN H BREWER	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 39857 VALIANT	<b>Transaction ID:</b> SA11AI.111729
	City State Zip Code STERLING HEIGHTS MI 48312	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN H BREWER	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 39857 VALIANT	<b>Transaction ID:</b> SA11AI.110657
	City State Zip Code STERLING HEIGHTS MI 48312	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<b>TOTAL</b> 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 49 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES BRIGGS JR		Date of Receipt																					
	Mailing Address 4647 HANNAFORD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	2	/	2	0	0	9														
	City State Zip Code TOLEDO OH 43623		<b>Transaction ID:</b> SA11AI.109198																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00																						
Name of Employer Occupation UAW LOCAL UNION LOCAL UNION OFFICER		Aggregate Year-to-Date ▼ 225.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY BRIGMAN		Date of Receipt																					
	Mailing Address 2785 W OLD HWY 64		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	3	0	/	2	0	0	9														
	City State Zip Code LEXINGTON NC 27295-5001		<b>Transaction ID:</b> SA11AI.113531																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00																						
Name of Employer Occupation CHRYSLER LLC FACTORY WORKER		Aggregate Year-to-Date ▼ 225.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>C.</b>	Full Name (Last, First, Middle Initial) BRENT BROOKS		Date of Receipt																					
	Mailing Address 143 RED RIVER RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	5	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8	/	2	5	/	2	0	0	9														
	City State Zip Code NEW CASTLE IN 47362-1135		<b>Transaction ID:</b> SA11AI.108821																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00																						
Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER		Aggregate Year-to-Date ▼ 225.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> 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: (check only one)	PAGE 50 / 585
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BRENT BROOKS</b>	Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	1	2	/	0	7	/	2	0	0	9												
	Mailing Address <b>143 RED RIVER RD</b>	<b>Transaction ID: SA11AI.109782</b>																				
	City <b>NEW CASTLE</b> State <b>IN</b> Zip Code <b>47362-1135</b>	Amount of Each Receipt this Period <b>75.00</b>																				
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer <b>NAVISTAR INTERNATIONAL CO-RP</b> Occupation <b>FACTORY WORKER</b>																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>																					

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WILLIAM J BROWN</b>	Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	1	0	/	0	2	/	2	0	0	9												
	Mailing Address <b>P.O. BOX 352</b>	<b>Transaction ID: SA11AI.111382</b>																				
	City <b>RUTHERFORD</b> State <b>TN</b> Zip Code <b>38369-0352</b>	Amount of Each Receipt this Period <b>175.00</b>																				
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer <b>GENERAL MOTORS CORPORATION</b> Occupation <b>FACTORY WORKER</b>																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>385.00</b>																					

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PEGGY BROWN-MOREHEAD</b>	Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	1	0	/	1	9	/	2	0	0	9												
	Mailing Address <b>319 SHERMAN STREET</b>	<b>Transaction ID: SA11AI.109604</b>																				
	City <b>TOLEDO</b> State <b>OH</b> Zip Code <b>43620-1436</b>	Amount of Each Receipt this Period <b>50.00</b>																				
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer <b>ST VINCENT MERCY MEDICAL CEN</b> Occupation <b>TECHNICIAN</b>																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>212.50</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 51 / 585  
(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 BUBB

Mailing Address PO BOX 61

City State Zip Code  
ANTES FORT PA 17720-0061

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

Name of Employer Occupation  
TEXTRON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.108651

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY J BUCK

Mailing Address 11610 MONCLOVA RD

City State Zip Code  
MONCLOVA OH 43542-9714

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

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

**Transaction ID:** SA11AI.114940

Amount of Each Receipt this Period  
34.62

**C.** Full Name (Last, First, Middle Initial)  
TIMOTHY J BUCK

Mailing Address 11610 MONCLOVA RD

City State Zip Code  
MONCLOVA OH 43542-9714

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

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

**Transaction ID:** SA11AI.111906

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.39**

**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 52 / 585

(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)  
LAHOMA BUCKLEY

Mailing Address 670 W LINWOOD RD

City State Zip Code  
LINWOOD MI 48634-9714

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA11AI.115038

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
GILBERT W BUFORD

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.113595

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
GILBERT W BUFORD

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.115585

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 585
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANTHONY BUNCH		Date of Receipt
	Mailing Address 8565 BUCKINGHAM DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	City	State	Zip Code
	COLUMBUS	IN	47201-7872
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.110063
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ANTHONY BUNCH		Date of Receipt
	Mailing Address 8565 BUCKINGHAM DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	COLUMBUS	IN	47201-7872
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.112217
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANTHONY BUNCH		Date of Receipt
	Mailing Address 8565 BUCKINGHAM DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	City	State	Zip Code
	COLUMBUS	IN	47201-7872
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.110593
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 54 / 585  
(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)  
GEORGE PAUL BURDEN  
 Mailing Address 1446 N. SACRAMENTO PLACE  
 City State Zip Code  
 ONTARIO CA 91764  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 9  
**Transaction ID:** SA11AI.114539  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING COMPANY FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 205.00

**B.** Full Name (Last, First, Middle Initial)  
GEORGE PAUL BURDEN  
 Mailing Address 1446 N. SACRAMENTO PLACE  
 City State Zip Code  
 ONTARIO CA 91764  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.111467  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING COMPANY FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 230.00

**C.** Full Name (Last, First, Middle Initial)  
DON BURGESS  
 Mailing Address 50 HARVEST HILL LANE  
 City State Zip Code  
 SILEX MO 63377  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 0 9  
**Transaction ID:** SA11AI.114182  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROB BURLESON		Date of Receipt
	Mailing Address 470 N CEMETERY RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2009
	City	State	Zip Code
	DEFORD	MI	48729-9777
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.115620
Name of Employer UAW Local 9699		Occupation Local Union Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROB BURLESON		Date of Receipt
	Mailing Address 470 N CEMETERY RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2009
	City	State	Zip Code
	DEFORD	MI	48729-9777
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.115660
Name of Employer UAW Local 9699		Occupation Local Union Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROB BURLESON		Date of Receipt
	Mailing Address 470 N CEMETERY RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2009
	City	State	Zip Code
	DEFORD	MI	48729-9777
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.115639
Name of Employer UAW Local 9699		Occupation Local Union Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 180.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 585  
(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)  
ROB BURLESON

Mailing Address 470 N CEMETERY RD

City DEFORD State MI Zip Code 48729-9777

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

Name of Employer UAW Local 9699 Occupation Local Union Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 14 / 2009  
Transaction ID: SA11AI.115623  
Amount of Each Receipt this Period: 30.00

**B.**

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

Mailing Address 470 N CEMETERY RD

City DEFORD State MI Zip Code 48729-9777

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

Name of Employer UAW Local 9699 Occupation Local Union Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 10 / 27 / 2009  
Transaction ID: SA11AI.115599  
Amount of Each Receipt this Period: 30.00

**C.**

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

Mailing Address 470 N CEMETERY RD

City DEFORD State MI Zip Code 48729-9777

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

Name of Employer UAW Local 9699 Occupation Local Union Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 11 / 02 / 2009  
Transaction ID: SA11AI.115640  
Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ANGELA K BUSAM		Date of Receipt MM / DD / YYYY 10 / 30 / 2009		
	Mailing Address 139 AMBERWOOD DR		<b>Transaction ID:</b> SA11AI.112139		
	City HARVEST	State AL	Zip Code 35749-9277	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) SANCHIONI BUTLER		Date of Receipt MM / DD / YYYY 08 / 21 / 2009		
	Mailing Address 1207 SUZANNA DRIVE		<b>Transaction ID:</b> SA11AI.114323		
	City RAYMOND	State MS	Zip Code 39154	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) SANCHIONI BUTLER		Date of Receipt MM / DD / YYYY 10 / 08 / 2009		
	Mailing Address 1207 SUZANNA DRIVE		<b>Transaction ID:</b> SA11AI.112792		
	City RAYMOND	State MS	Zip Code 39154	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

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

225.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 585  
(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)  
AINSLEY M BYFIELD

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt: 11 / 13 / 2009

Transaction ID: SA11AI.115530

Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
AINSLEY M BYFIELD

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: 12 / 08 / 2009

Transaction ID: SA11AI.113524

Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
S N CALDERON

Mailing Address 1515 N TOWN EAST BLVD # 138-19

City MESQUITE State TX Zip Code 75150-4157

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 25 / 2009

Transaction ID: SA11AI.109458

Amount of Each Receipt this Period: 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 585
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) S N CALDERON		Date of Receipt																					
	Mailing Address 1515 N TOWN EAST BLVD # 138-19		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	7		2	0	0	9														
	City State Zip Code MESQUITE TX 75150-4157		<b>Transaction ID:</b> SA11AI.108824																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00																						
Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER		Aggregate Year-to-Date ▼																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		300.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) JASON CALLAHAN		Date of Receipt																					
	Mailing Address 110 JOHN MILLS LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	0		2	0	0	9														
	City State Zip Code THOMASVILLE NC 27360		<b>Transaction ID:</b> SA11AI.113756																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00																						
Name of Employer Occupation CHRYSLER LLC FACTORY WORKER		Aggregate Year-to-Date ▼																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		225.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN O CANARY		Date of Receipt																					
	Mailing Address 2574 S. COUNTY ROAD 400 W		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	1		2	0	0	9														
	City State Zip Code NEW CASTLE IN 47362-9794		<b>Transaction ID:</b> SA11AI.110385																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00																						
Name of Employer Occupation PENSKE CORPORATION FACTORY WORKER		Aggregate Year-to-Date ▼																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		210.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> 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 60 / 585  
(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)  
 JOHN O CANARY  
 Mailing Address 2574 S. COUNTY ROAD  
 400 W  
 City State Zip Code  
 NEW CASTLE IN 47362-9794  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.112000  
 Amount of Each Receipt this Period  
 125.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 335.00

**B.** Full Name (Last, First, Middle Initial)  
 JOHN O CANARY  
 Mailing Address 2574 S. COUNTY ROAD  
 400 W  
 City State Zip Code  
 NEW CASTLE IN 47362-9794  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 9  
**Transaction ID:** SA11AI.115531  
 Amount of Each Receipt this Period  
 35.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 370.00

**C.** Full Name (Last, First, Middle Initial)  
 JOHN O CANARY  
 Mailing Address 2574 S. COUNTY ROAD  
 400 W  
 City State Zip Code  
 NEW CASTLE IN 47362-9794  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.112001  
 Amount of Each Receipt this Period  
 70.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 440.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.00  
**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 61 / 585  
(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)  
JOHN O CANARY

Mailing Address 2574 S. COUNTY ROAD  
400 W

City State Zip Code  
NEW CASTLE IN 47362-9794

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.113525

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID J CARRIGAN

Mailing Address 770 COUNTY HOME RD

City State Zip Code  
TAYLORSVILLE NC 28681

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11AI.111704

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
FRANK CARTER

Mailing Address 6201 N BELL

City State Zip Code  
KANSAS CITY MO 64151

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

Name of Employer Occupation  
MSX INTERNATIONAL INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11AI.110373

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 585  
(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)  
FRANK CARTER

Mailing Address 6201 N BELL

City State Zip Code  
KANSAS CITY MO 64151

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

Name of Employer Occupation  
MSX INTERNATIONAL INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.114528

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN CASEY

Mailing Address 3263 CROMWELL DR

City State Zip Code  
OREGON OH 43616-2363

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.111572

Amount of Each Receipt this Period  
34.62

**C.**

Full Name (Last, First, Middle Initial)  
JOHN CASEY

Mailing Address 3263 CROMWELL DR

City State Zip Code  
OREGON OH 43616-2363

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

Transaction ID: SA11AI.114148

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **65.39**

**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 63 / 585  
(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) JOHN CASEY		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 3263 CROMWELL DR		<b>Transaction ID:</b> SA11AI.112596
City OREGON	State OH	Zip Code 43616-2363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

**B.**

Full Name (Last, First, Middle Initial) JOHN CASEY		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 3263 CROMWELL DR		<b>Transaction ID:</b> SA11AI.112597
City OREGON	State OH	Zip Code 43616-2363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.57	

**C.**

Full Name (Last, First, Middle Initial) JOHN CASEY		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address 3263 CROMWELL DR		<b>Transaction ID:</b> SA11AI.111573
City OREGON	State OH	Zip Code 43616-2363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	17.31
<b>TOTAL</b> 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 64 / 585  
(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)  
ROBERT E CASEY

Mailing Address 606 HAMPTON DR

City State Zip Code  
CINCINNATI OH 45236-3937

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.114823

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT E CASEY

Mailing Address 606 HAMPTON DR

City State Zip Code  
CINCINNATI OH 45236-3937

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** SA11AI.113853

Amount of Each Receipt this Period  
24.00

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

Mailing Address 191 HANKLA ST.

City State Zip Code  
HOUSTON TX 77076-5024

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

Name of Employer Occupation  
PHILADELPHIA GEAR FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** SA11AI.114184

Amount of Each Receipt this Period  
6.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 585  
(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)  
RICHARD CASTANEDA

Mailing Address 191 HANKLA ST.

City HOUSTON State TX Zip Code 77076-5024

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

Name of Employer PHILADELPHIA GEAR Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: 11 / 03 / 2009  
**Transaction ID: SA11AI.114185**  
 Amount of Each Receipt this Period: 12.00

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD CASTANEDA

Mailing Address 191 HANKLA ST.

City HOUSTON State TX Zip Code 77076-5024

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

Name of Employer PHILADELPHIA GEAR Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt: 11 / 23 / 2009  
**Transaction ID: SA11AI.112153**  
 Amount of Each Receipt this Period: 6.00

**C.**

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

Mailing Address 4351 POST RAIL LN

City FRANKLIN State OH Zip Code 45005-4950

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

Name of Employer MILLER BREWING Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 17 / 2009  
**Transaction ID: SA11AI.108807**  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 68.00

**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 66 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4351 POST RAIL LN

City State Zip Code  
FRANKLIN OH 45005-4950

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

Name of Employer Occupation  
MILLER BREWING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** SA11AI.108623

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4351 POST RAIL LN

City State Zip Code  
FRANKLIN OH 45005-4950

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

Name of Employer Occupation  
MILLER BREWING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 12 / 2009

**Transaction ID:** SA11AI.109446

Amount of Each Receipt this Period  
75.00

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

Mailing Address 4351 POST RAIL LN

City State Zip Code  
FRANKLIN OH 45005-4950

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

Name of Employer Occupation  
MILLER BREWING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2009

**Transaction ID:** SA11AI.108808

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 67 / 585
	<input checked="" 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID CHADWELL	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 4351 POST RAIL LN	<b>Transaction ID:</b> SA11AI.108624
	City State Zip Code FRANKLIN OH 45005-4950	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MILLER BREWING	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DELBERT CHAFEY II	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 1090 E HARRISON ST	<b>Transaction ID:</b> SA11AI.111081
	City State Zip Code MARTINSVILLE IN 46151-1223	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DELBERT CHAFEY II	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 1090 E HARRISON ST	<b>Transaction ID:</b> SA11AI.112646
	City State Zip Code MARTINSVILLE IN 46151-1223	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</b>
<b>TOTAL</b> 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 68 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
**DELBERT CHAFEY II**  
 Mailing Address **1090 E HARRISON ST**  
 City **MARTINSVILLE** State **IN** Zip Code **46151-1223**  
 Date of Receipt **12 / 22 / 2009**  
**Transaction ID: SA11AI.113147**  
 Amount of Each Receipt this Period **25.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **300.00**

**B.** Full Name (Last, First, Middle Initial)  
**DARYL CHAMBERLAIN**  
 Mailing Address **9811 MANORE ROAD**  
 City **GRAND RAPIDS** State **OH** Zip Code **43522-9290**  
 Date of Receipt **11 / 13 / 2009**  
**Transaction ID: SA11AI.113557**  
 Amount of Each Receipt this Period **34.62**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **JOHNSON CONTROLS INC** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **230.80**

**C.** Full Name (Last, First, Middle Initial)  
**DARYL CHAMBERLAIN**  
 Mailing Address **9811 MANORE ROAD**  
 City **GRAND RAPIDS** State **OH** Zip Code **43522-9290**  
 Date of Receipt **11 / 19 / 2009**  
**Transaction ID: SA11AI.115050**  
 Amount of Each Receipt this Period **5.77**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **JOHNSON CONTROLS INC** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **236.57**

**SUBTOTAL** of Receipts This Page (optional) ..... **65.39**  
**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: (check only one)	PAGE 69 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DARYL CHAMBERLAIN		Date of Receipt
	Mailing Address 9811 MANORE ROAD		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRAND RAPIDS	OH	43522-9290
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.112511
		Amount of Each Receipt this Period	<input type="text" value="5.77"/>
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="242.34"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) DARYL CHAMBERLAIN		Date of Receipt
	Mailing Address 9811 MANORE ROAD		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRAND RAPIDS	OH	43522-9290
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.112031
		Amount of Each Receipt this Period	<input type="text" value="5.77"/>
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="248.11"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) DARYL CHAMBERLAIN		Date of Receipt
	Mailing Address 9811 MANORE ROAD		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRAND RAPIDS	OH	43522-9290
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.115051
		Amount of Each Receipt this Period	<input type="text" value="5.77"/>
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="253.88"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="17.31"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 585  
(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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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) KENNEDY CHAMBERS		Date of Receipt MM / DD / YYYY 10 / 19 / 2009	
Mailing Address 1109 TECUMSEH		Transaction ID: SA11AI.111216	
City TOLEDO	State OH	Zip Code 43608	Amount of Each Receipt this Period 23.08
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95		

**B.**

Full Name (Last, First, Middle Initial) KENNEDY CHAMBERS		Date of Receipt MM / DD / YYYY 11 / 13 / 2009	
Mailing Address 1109 TECUMSEH		Transaction ID: SA11AI.115272	
City TOLEDO	State OH	Zip Code 43608	Amount of Each Receipt this Period 34.62
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.57		

**C.**

Full Name (Last, First, Middle Initial) KENNEDY CHAMBERS		Date of Receipt MM / DD / YYYY 11 / 19 / 2009	
Mailing Address 1109 TECUMSEH		Transaction ID: SA11AI.114778	
City TOLEDO	State OH	Zip Code 43608	Amount of Each Receipt this Period 5.77
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	63.47
<b>TOTAL</b> 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 71 / 585

(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)  
KENNEDY CHAMBERS

Mailing Address 1109 TECUMSEH

City State Zip Code  
TOLEDO OH 43608

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.111217

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)  
KENNEDY CHAMBERS

Mailing Address 1109 TECUMSEH

City State Zip Code  
TOLEDO OH 43608

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 259.65

Date of Receipt

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

Transaction ID: SA11AI.113804

Amount of Each Receipt this Period

5.77

**C.**

Full Name (Last, First, Middle Initial)  
KENNEDY CHAMBERS

Mailing Address 1109 TECUMSEH

City State Zip Code  
TOLEDO OH 43608

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.112762

Amount of Each Receipt this Period

5.77

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

23.08

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 585  
(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)  
NORMAN G CHAMBERS JR

Mailing Address PO BOX 164

City ROSSFORD State OH Zip Code 43460-0164

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

Date of Receipt: 11 / 13 / 2009  
**Transaction ID: SA11AI.112983**  
 Amount of Each Receipt this Period: 34.62

**B.**

Full Name (Last, First, Middle Initial)  
NORMAN G CHAMBERS JR

Mailing Address PO BOX 164

City ROSSFORD State OH Zip Code 43460-0164

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt: 11 / 19 / 2009  
**Transaction ID: SA11AI.114510**  
 Amount of Each Receipt this Period: 5.77

**C.**

Full Name (Last, First, Middle Initial)  
NORMAN G CHAMBERS JR

Mailing Address PO BOX 164

City ROSSFORD State OH Zip Code 43460-0164

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 12 / 08 / 2009  
**Transaction ID: SA11AI.111969**  
 Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 46.16

**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 73 / 585  
(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)  
NORMAN G CHAMBERS JR

Mailing Address PO BOX 164

City ROSSFORD State OH Zip Code 43460-0164

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

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

Transaction ID: SA11AI.112472

Amount of Each Receipt this Period 5.77

**B.**

Full Name (Last, First, Middle Initial)  
NORMAN G CHAMBERS JR

Mailing Address PO BOX 164

City ROSSFORD State OH Zip Code 43460-0164

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.111432

Amount of Each Receipt this Period 5.77

**C.**

Full Name (Last, First, Middle Initial)  
ROY CHAPMAN

Mailing Address 3471 S HEMLOCK RD

City HEMLOCK State MI Zip Code 48626-9785

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.115863

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **311.54**

**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 74 / 585  
(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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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)  
NEILS CHAPMAN JR

Mailing Address 219 W VANDALIA RD APT D

City Greensboro State NC Zip Code 27406

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 ▼ 225.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID:** SA11AI.114321  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
FREDDIE D CHARLES

Mailing Address 300 WATER ST

City Lyons State MI Zip Code 48851

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.114178  
 Amount of Each Receipt this Period: 135.00

**C.**

Full Name (Last, First, Middle Initial)  
JAMES CLARK

Mailing Address 2801 SUGAR RIDGE ROAD

City PEMBERVILLE State OH Zip Code 43450-9652

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 26 / 2009  
**Transaction ID:** SA11AI.108507  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 585  
(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)  
JAMES CLARK

Mailing Address 2801 SUGAR RIDGE ROAD

City State Zip Code  
PEMBERVILLE OH 43450-9652

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** SA11AI.108848

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES B CLARK

Mailing Address 1278 KIRK ST.

City State Zip Code  
MAUMEE OH 43537-3248

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.109831

Amount of Each Receipt this Period  
34.62

**C.**

Full Name (Last, First, Middle Initial)  
JAMES B CLARK

Mailing Address 1278 KIRK ST.

City State Zip Code  
MAUMEE OH 43537-3248

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.109036

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **65.39**

**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 76 / 585

(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)  
JAMES B CLARK

Mailing Address 1278 KIRK ST.

City	State	Zip Code
MAUMEE	OH	43537-3248

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

Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34
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Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.109037

Amount of Each Receipt this Period  
5.77

B.

Full Name (Last, First, Middle Initial)  
JAMES B CLARK

Mailing Address 1278 KIRK ST.

City	State	Zip Code
MAUMEE	OH	43537-3248

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

Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.11
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.108184

Amount of Each Receipt this Period  
5.77

C.

Full Name (Last, First, Middle Initial)  
JAMES B CLARK

Mailing Address 1278 KIRK ST.

City	State	Zip Code
MAUMEE	OH	43537-3248

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

Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER
--	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.88
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.108529

Amount of Each Receipt this Period  
5.77

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

17.31

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 585  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
PATRICIA CLARK

Mailing Address 2054 EAST WELLSVIEW ROAD

City State Zip Code  
CONNORSVILLE IN 47331

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

Name of Employer  
TOMPKINS

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2009

Transaction ID: SA11AI.110644

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
BRIAN COBBS

Mailing Address 1022 BARBEE AVE

City State Zip Code  
HIGH POINT NC 27260-4055

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

Transaction ID: SA11AI.110317

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
MARK COBURN

Mailing Address 1442 BROOK POINTE DR

City State Zip Code  
INDIANAPOLIS IN 46234-1856

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

Name of Employer  
GENERAL MOTORS CORPORATION

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

Transaction ID: SA11AI.109033

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **350.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1442 BROOK POINTE DR

City State Zip Code  
INDIANAPOLIS IN 46234-1856

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.108178

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MARK COBURN

Mailing Address 1442 BROOK POINTE DR

City State Zip Code  
INDIANAPOLIS IN 46234-1856

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2009

**Transaction ID:** SA11AI.109664

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
DONALD R COFIELD

Mailing Address 10609 S 2ND AVE

City State Zip Code  
INGLEWOOD CA 90303-1724

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.115012

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 585
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DONALD R COFIELD	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 10609 S 2ND AVE	<b>Transaction ID:</b> SA11AI.115013
	City State Zip Code INGLEWOOD CA 90303-1724	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BOEING COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY COGDELL	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 108 MC GINNIS DR.	<b>Transaction ID:</b> SA11AI.112789
	City State Zip Code GROVER NC 28073-9700	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHRYSLER LLC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CYNTHIA F COHENS	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 43022 GUYMAN AVE	<b>Transaction ID:</b> SA11AI.109070
	City State Zip Code LANCASTER CA 93536	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BOEING COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 80 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
CYNTHIA F COHENS

Mailing Address 43022 GUYMAN AVE

City State Zip Code  
LANCASTER CA 93536

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.109071

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
WAYNE COLLETT

Mailing Address 720 W 600 S

City State Zip Code  
ATLANTA IN 46031

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2009

Transaction ID: SA11AI.113104

Amount of Each Receipt this Period  
300.00

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

Mailing Address 720 W 600 S

City State Zip Code  
ATLANTA IN 46031

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

Transaction ID: SA11AI.112117

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **340.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 81 / 585</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GARY COLLINS		Date of Receipt
	Mailing Address 50 BYRKIT ST		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46217-3506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	<b>Transaction ID:</b> SA11AI.113370
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="25.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) GARY COLLINS		Date of Receipt
	Mailing Address 50 BYRKIT ST		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46217-3506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	<b>Transaction ID:</b> SA11AI.111840
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="275.00"/>	<input type="text" value="50.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) GARY COLLINS		Date of Receipt
	Mailing Address 50 BYRKIT ST		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46217-3506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	<b>Transaction ID:</b> SA11AI.111841
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 82 / 585  
(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)  
TONY JOSE CONNELLY

Mailing Address 1251 SEPULVEDA BLVD.

City State Zip Code  
TORRANCE CA 90502-2677

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.111037

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
TONY JOSE CONNELLY

Mailing Address 1251 SEPULVEDA BLVD.

City State Zip Code  
TORRANCE CA 90502-2677

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.111586

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2442 SUNDAD DR

City State Zip Code  
INDIANAPOLIS IN 46239-7788

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** SA11AI.109090

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) G CONNORS	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 2442 SUNDAD DR	<b>Transaction ID:</b> SA11AI.109713
	City State Zip Code INDIANAPOLIS IN 46239-7788	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAVIER S CONTRERAS	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 24698 WILLIMET WAY	<b>Transaction ID:</b> SA11AI.112932
	City State Zip Code HAYWARD CA 94544-1146	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JAVIER S CONTRERAS	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 24698 WILLIMET WAY	<b>Transaction ID:</b> SA11AI.111918
	City State Zip Code HAYWARD CA 94544-1146	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</b>
<b>TOTAL</b> 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 84 / 585  
(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)  
RAYMUNDO CONTRERAS

Mailing Address 12812 HARVEST AVE.

City NORWALK State CA Zip Code 90650

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 ▼ 385.00

Date of Receipt: 08 / 13 / 2009  
**Transaction ID: SA11AI.109195**  
 Amount of Each Receipt this Period: 25.50

**B.** Full Name (Last, First, Middle Initial)  
RAYMUNDO CONTRERAS

Mailing Address 12812 HARVEST AVE.

City NORWALK State CA Zip Code 90650

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 ▼ 402.00

Date of Receipt: 09 / 29 / 2009  
**Transaction ID: SA11AI.109196**  
 Amount of Each Receipt this Period: 17.00

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

Mailing Address 12812 HARVEST AVE.

City NORWALK State CA Zip Code 90650

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 ▼ 702.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID: SA11AI.109489**  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **342.50**

**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 85 / 585  
(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)**

<p><b>A.</b> Full Name (Last, First, Middle Initial)                  DAVID CONVERY</p> <p>Mailing Address <b>123 ARTLEE AVE</b></p> <p>City <b>BUTLER</b> State <b>PA</b> Zip Code <b>16001</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>A K STEEL CORPORATION</b> Occupation <b>FACTORY WORKER</b></p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">225.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 7 / 2 0 0 9</span></p> <p><b>Transaction ID: SA11AI.114086</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial)                  DAVID CONVERY</p> <p>Mailing Address <b>123 ARTLEE AVE</b></p> <p>City <b>BUTLER</b> State <b>PA</b> Zip Code <b>16001</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>A K STEEL CORPORATION</b> Occupation <b>FACTORY WORKER</b></p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 8 / 2 0 0 9</span></p> <p><b>Transaction ID: SA11AI.113038</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial)                  EDWARD S CONWAY</p> <p>Mailing Address <b>2725 CLADIUS DR</b></p> <p>City <b>GRAND PRAIRIE</b> State <b>TX</b> Zip Code <b>75052-7010</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>LOCKHEED MARTIN CORPORATI- ON</b> Occupation <b>FACTORY WORKER</b></p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">228.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 0 9 / 2 0 0 9</span></p> <p><b>Transaction ID: SA11AI.114757</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">80.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 585

(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)  
EDWARD S CONWAY

Mailing Address 2725 CLADIUS DR

City State Zip Code  
GRAND PRAIRIE TX 75052-7010

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

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt

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

Transaction ID: SA11AI.113782

Amount of Each Receipt this Period

24.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD S CONWAY

Mailing Address 2725 CLADIUS DR

City State Zip Code  
GRAND PRAIRIE TX 75052-7010

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

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

Transaction ID: SA11AI.111716

Amount of Each Receipt this Period

30.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN CONWAY

Mailing Address 14231 S BARBER ST

City State Zip Code  
GLENPOOL OK 74033-3504

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

Name of Employer  
VISTEON CORPORATION

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

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

Transaction ID: SA11AI.114229

Amount of Each Receipt this Period

25.00
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**SUBTOTAL** of Receipts This Page (optional) .....

79.00
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 87 / 585  
(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)  
DANIEL E COOK

Mailing Address 844 N. CLINTON LOT C-41

City State Zip Code  
DEFIANCE OH 43512

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

Name of Employer Occupation  
DEFIANCE PRECISION PRODUCTS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

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

**Transaction ID:** SA11AI.113640

Amount of Each Receipt this Period  
24.00

**B.** Full Name (Last, First, Middle Initial)  
FREDERICK R CORTRIGHT

Mailing Address 17117 S LILY CACHE RD

City State Zip Code  
PLAINFIELD IL 60544-9088

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.109985

Amount of Each Receipt this Period  
30.00

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

Mailing Address 3377 PRUSS HILL RD

City State Zip Code  
POTTSTOWN PA 19464-3325

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

Name of Employer Occupation  
DANA CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

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

**Transaction ID:** SA11AI.112068

Amount of Each Receipt this Period  
28.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **82.00**

**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 88 / 585  
(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)  
FRANCES CORWIN

Mailing Address 3377 PRUSS HILL RD

City State Zip Code  
POTTSTOWN PA 19464-3325

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

Name of Employer Occupation  
DANA CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.110451

Amount of Each Receipt this Period  
28.00

**B.** Full Name (Last, First, Middle Initial)  
TERRI CORWITH

Mailing Address PO BOX 1901

City State Zip Code  
JANESVILLE WI 53547-1901

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

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

**Transaction ID:** SA11AI.110887

Amount of Each Receipt this Period  
208.00

**C.** Full Name (Last, First, Middle Initial)  
BRIAN D COSSITOR

Mailing Address 119 MAPLE DR

City State Zip Code  
RENFREW PA 16053-9233

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

Name of Employer Occupation  
A K STEEL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.114513

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **286.00**

**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 89 / 585  
(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)  
DARRELL COULTER

Mailing Address 3111 RIVERS BEND SOUTH

City State Zip Code  
BONNE TERRE MO 63628

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

Name of Employer Occupation  
INTERNATIONAL UNION, UAW STAFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** SA11AI.109486

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
ALLEN COX

Mailing Address PO BOX 646

City State Zip Code  
FAYETTE OH 43521-0646

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

Name of Employer Occupation  
ARVINMERITOR, INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.75

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

**Transaction ID:** SA11AI.113694

Amount of Each Receipt this Period  
62.50

**C.**

Full Name (Last, First, Middle Initial)  
GERALD LAYNE COX

Mailing Address 7777 S HARLAN WAY

City State Zip Code  
LITTLETON CO 80128-5948

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

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.109540

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **387.50**

**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 90 / 585  
(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)  
**LLOYD COX**  
 Mailing Address **3805 HARROGATE DR.**  
 City **NORMAN** State **OK** Zip Code **73072**  
 Date of Receipt **10 / 07 / 2009**  
**Transaction ID: SA11AI.111477**  
 Amount of Each Receipt this Period **300.00**  
 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**

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN CRADIC**  
 Mailing Address **599 N KNIGHTSTOWN RD**  
 City **SHELBYVILLE** State **IN** Zip Code **46176-9577**  
 Date of Receipt **08 / 25 / 2009**  
**Transaction ID: SA11AI.111178**  
 Amount of Each Receipt this Period **225.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NAVISTAR INTERNATIONAL CO-RP**  
**FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN CRADIC**  
 Mailing Address **599 N KNIGHTSTOWN RD**  
 City **SHELBYVILLE** State **IN** Zip Code **46176-9577**  
 Date of Receipt **12 / 07 / 2009**  
**Transaction ID: SA11AI.114274**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NAVISTAR INTERNATIONAL CO-RP**  
**FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **275.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**  
**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 91 / 585  
(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)  
JOHN CRAWFORD  
Mailing Address 115 ALISON LN  
City ARCHDALE State NC Zip Code 27263-3457  
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 ▼ 225.00  
Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.109934  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
STEPHANIE L CRISWELL  
Mailing Address 2320 S TIBBS AVE  
City INDIANAPOLIS State IN Zip Code 46241-4801  
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 ▼ 225.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.112957  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHANIE L CRISWELL  
Mailing Address 2320 S TIBBS AVE  
City INDIANAPOLIS State IN Zip Code 46241-4801  
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 12 / 08 / 2009  
Transaction ID: SA11AI.110883  
Amount of Each Receipt this Period 25.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) GEORGE CUMMINGS	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 801 DENTON DRIVE	<b>Transaction ID:</b> SA11AI.113190
	City State Zip Code EVLASS TX 76039	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIREED	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT CUNNINGHAM	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 801 WELLER AVENUE	<b>Transaction ID:</b> SA11AI.112583
	City State Zip Code HAMILTON OH 45015-1568	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PHILIP MORRIS FACTORY WORKER	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DARRELL CURRY	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 783 DENIER PLACE	<b>Transaction ID:</b> SA11AI.111489
	City State Zip Code CINCINNATI OH 45224-1309	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GENERAL ELECTRIC FACTORY WORKER	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>380.00</b>
<b>TOTAL</b> 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 93 / 585  
(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)  
DARRELL CURRY

Mailing Address 783 DENIER PLACE

City State Zip Code  
CINCINNATI OH 45224-1309

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

Transaction ID: SA11AI.114553

Amount of Each Receipt this Period  
24.00

**B.**

Full Name (Last, First, Middle Initial)  
ROGER DALTON

Mailing Address 2479 N MASON MONTGOMERY RD #1

City State Zip Code  
MASON OH 45040

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

Name of Employer Occupation  
AMTEX, INC. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

Transaction ID: SA11AI.108812

Amount of Each Receipt this Period  
48.00

**C.**

Full Name (Last, First, Middle Initial)  
BRADLEY DAVIS

Mailing Address 8243 ALAN DR

City State Zip Code  
CAMBY IN 46113-9426

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.113768

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **122.00**

**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 94 / 585  
(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 DAVIS

Mailing Address 8243 ALAN DR

City CAMBY State IN Zip Code 46113-9426

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: 12 / 08 / 2009  
**Transaction ID: SA11AI.114752**  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL K DAVIS

Mailing Address 10190 SHOREY RD

City SOUTH VIENNA State OH Zip Code 45369-9516

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

Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 07 / 2009  
**Transaction ID: SA11AI.111247**  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
RAYMOND S DAVIS JR

Mailing Address 10065 MCKINLEY CT

City MONTROSE State MI Zip Code 48457-9069

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 ▼ 278.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID: SA11AI.114859**  
 Amount of Each Receipt this Period: 110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MAURICE DAVISON	Date of Receipt MM / DD / YYYY 10 / 08 / 2009
	Mailing Address 5331 HOLLY SPRINGS DR E	<b>Transaction ID:</b> SA11AI.110639
	City State Zip Code INDIANAPOLIS IN 46254	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ROLLS ROYCE	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DEBRA D DEAN	Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address 2480 S 148TH AVE	<b>Transaction ID:</b> SA11AI.112306
	City State Zip Code HESPERIA MI 49421-9529	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ALCOA INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MATTHEW DEAN	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 710 FENSTER CT	<b>Transaction ID:</b> SA11AI.114916
	City State Zip Code INDIANAPOLIS IN 46234-2225	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PENSKE CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 96 / 585
	<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) MATTHEW DEAN		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 710 FENSTER CT		<b>Transaction ID:</b> SA11AI.113949
City INDIANAPOLIS	State IN	Zip Code 46234-2225
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer PENSKE CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) SHAWN DEAN		Date of Receipt MM / DD / YYYY 12 / 07 / 2009
Mailing Address PO BOX 1214		<b>Transaction ID:</b> SA11AI.115774
City STERLING HEIGHTS	State MI	Zip Code 48311-1214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) GORDON E DEANE		Date of Receipt MM / DD / YYYY 08 / 14 / 2009
Mailing Address 8 S MAIN AVE		<b>Transaction ID:</b> SA11AI.109002
City ALBANY	State NY	Zip Code 12208-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>345.00</b>
<b>TOTAL</b> 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 97 / 585

(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)  
MARTIN DEATER

Mailing Address 904 S WOLF LAKE RD

City State Zip Code  
MUSKEGON MI 49442-3044

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

Name of Employer Occupation  
RETIRE

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2009

Transaction ID: SA11AI.115827

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
GLENDA DEERING

Mailing Address PO BOX 355

City State Zip Code  
MARLETTE MI 48453-0355

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

Name of Employer Occupation  
PLASTECH FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 218.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2009

Transaction ID: SA11AI.111303

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
GLENDA DEERING

Mailing Address PO BOX 355

City State Zip Code  
MARLETTE MI 48453-0355

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

Name of Employer Occupation  
PLASTECH FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 238.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 02 / 2009

Transaction ID: SA11AI.115350

Amount of Each Receipt this Period

20.00

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

340.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY DEGROFF		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 5542 THORNBROOK TRAIL		<b>Transaction ID:</b> SA11AI.114140		
	City TOLEDO	State OH	Zip Code 43611-1425	Amount of Each Receipt this Period 34.62	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.80			

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY DEGROFF		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 5542 THORNBROOK TRAIL		<b>Transaction ID:</b> SA11AI.111024		
	City TOLEDO	State OH	Zip Code 43611-1425	Amount of Each Receipt this Period 5.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 236.57			

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY DEGROFF		Date of Receipt MM / DD / YYYY 12 / 08 / 2009		
	Mailing Address 5542 THORNBROOK TRAIL		<b>Transaction ID:</b> SA11AI.113095		
	City TOLEDO	State OH	Zip Code 43611-1425	Amount of Each Receipt this Period 5.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.34			

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

46.16

**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 99 / 585
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY DEGROFF		Date of Receipt
	Mailing Address 5542 THORNBROOK TRAIL		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	TOLEDO	OH	43611-1425
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	<b>Transaction ID:</b> SA11AI.112588
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="248.11"/>	<input type="text" value="5.77"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY DEGROFF		Date of Receipt
	Mailing Address 5542 THORNBROOK TRAIL		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	TOLEDO	OH	43611-1425
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	<b>Transaction ID:</b> SA11AI.114618
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="253.88"/>	<input type="text" value="5.77"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN W DELANO		Date of Receipt
	Mailing Address 2320 S TIBBS AVE		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46241-4801
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PENSKE CORPORATION		Occupation FACTORY WORKER	<b>Transaction ID:</b> SA11AI.111364
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="61.54"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 100 / 585  
(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)  
STEPHEN W DELANO

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: 12 / 08 / 2009  
Transaction ID: SA11AI.115411  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
EMILE DELBIANCO

Mailing Address 381 STARVIEW DR

City BRUNSWICK State OH Zip Code 44212-1724

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

Name of Employer ALCOA INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 01 / 2009  
Transaction ID: SA11AI.108403  
Amount of Each Receipt this Period: 25.00

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

Mailing Address 381 STARVIEW DR

City BRUNSWICK State OH Zip Code 44212-1724

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

Name of Employer ALCOA INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2009  
Transaction ID: SA11AI.108763  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 585  
(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)  
EMILE DELBIANCO

Mailing Address 381 STARVIEW DR

City State Zip Code  
BRUNSWICK OH 44212-1724

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

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

**Transaction ID:** SA11AI.109722

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
ESTHER DIAZ

Mailing Address 36350 ROSEMARIE ST

City State Zip Code  
PALMDALE CA 93550

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.112297

Amount of Each Receipt this Period  
25.00

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

Mailing Address 36350 ROSEMARIE ST

City State Zip Code  
PALMDALE CA 93550

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.114317

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 585  
(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)  
RICHARD DICKSON

Mailing Address 1986 N MICHIGAN ST

City Toledo State OH Zip Code 43611-3718

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2009

Transaction ID: SA11AI.112828

Amount of Each Receipt this Period 62.50

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD DICKSON

Mailing Address 1986 N MICHIGAN ST

City Toledo State OH Zip Code 43611-3718

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.113871

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD DICKSON

Mailing Address 1986 N MICHIGAN ST

City Toledo State OH Zip Code 43611-3718

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.114361

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 585  
(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 DICKSON  
Mailing Address 1986 N MICHIGAN ST  
City TOLEDO State OH Zip Code 43611-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00  
Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.111806  
Amount of Each Receipt this Period: 12.50

**B.** Full Name (Last, First, Middle Initial)  
RICHARD DICKSON  
Mailing Address 1986 N MICHIGAN ST  
City TOLEDO State OH Zip Code 43611-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 287.50  
Date of Receipt: 12 / 11 / 2009  
Transaction ID: SA11AI.114841  
Amount of Each Receipt this Period: 12.50

**C.** Full Name (Last, First, Middle Initial)  
ANTHONY N DICLEMENTI  
Mailing Address 1202 JOHNSTON ST.  
City PHILADELPHIA State PA Zip Code 19148-4955  
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 ▼ 210.00  
Date of Receipt: 10 / 28 / 2009  
Transaction ID: SA11AI.115236  
Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.00  
**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 104 / 585  
(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)  
ERNEST DILLARD

Mailing Address 432 S CURSON AVE APT 4G

City State Zip Code  
LOS ANGELES CA 90036-5287

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

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** SA11AI.115636

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
JOSH DOHNER

Mailing Address 4027 GALAXY DR

City State Zip Code  
JANESVILLE WI 53546-9609

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** SA11AI.114494

Amount of Each Receipt this Period  
360.00

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

Mailing Address 1001 HOOK WALTZ RD W

City State Zip Code  
LIMA OH 45807-9580

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

Name of Employer Occupation  
GENERAL DYNAMICS CORPORAT-  
ION  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.111462

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

**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 105 / 585  
(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)  
L Donaldson  
 Mailing Address 1001 HOOK WALTZ RD W  
 City LIMA State OH Zip Code 45807-9580  
 Date of Receipt 10 / 02 / 2009  
 Transaction ID: SA11AI.115019  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer GENERAL DYNAMICS CORPORAT-ION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 350.00

**B.** Full Name (Last, First, Middle Initial)  
L Donaldson  
 Mailing Address 1001 HOOK WALTZ RD W  
 City LIMA State OH Zip Code 45807-9580  
 Date of Receipt 12 / 07 / 2009  
 Transaction ID: SA11AI.113007  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer GENERAL DYNAMICS CORPORAT-ION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 400.00

**C.** Full Name (Last, First, Middle Initial)  
KENNETH W DONLEY  
 Mailing Address 1417 LEBANON ST  
 City TOLEDO State OH Zip Code 43605-3505  
 Date of Receipt 11 / 13 / 2009  
 Transaction ID: SA11AI.114036  
 Amount of Each Receipt this Period 11.54  
 FEC ID number of contributing federal political committee. C  
 Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 207.72

**SUBTOTAL** of Receipts This Page (optional) ..... ► 111.54  
**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 106 / 585  
(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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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)  
RICKIE C DOTY

Mailing Address 311 DANBURY

City METAMORA State IL Zip Code 61548

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

Name of Employer CATERPILLAR INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: 10 / 28 / 2009  
**Transaction ID:** SA11AI.109785  
 Amount of Each Receipt this Period: 27.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK A DOWELL

Mailing Address 3906 CARRIAGE POINTE DR

City CRESTWOOD State KY Zip Code 40014-8540

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 ▼ 250.00

Date of Receipt: 10 / 01 / 2009  
**Transaction ID:** SA11AI.108939  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MARK A DOWELL

Mailing Address 3906 CARRIAGE POINTE DR

City CRESTWOOD State KY Zip Code 40014-8540

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: 10 / 02 / 2009  
**Transaction ID:** SA11AI.108431  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 127.00

**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 107 / 585

(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)  
KEVIN T DOYLE

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.115178

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
KEVIN T DOYLE

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.113715

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
PHILLIP DOYLE

Mailing Address 3469 W RAVEN FIELD BLVD

City State Zip Code  
GREENFIELD IN 46140-8812

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.114768

Amount of Each Receipt this Period  
25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 585  
(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)  
PHILLIP DOYLE

Mailing Address 3469 W RAVEN FIELD BLVD

City GREENFIELD State IN Zip Code 46140-8812

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 ▼ 275.00

Date of Receipt: 11 / 19 / 2009  
**Transaction ID: SA11AI.113795**  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
PHILLIP DOYLE

Mailing Address 3469 W RAVEN FIELD BLVD

City GREENFIELD State IN Zip Code 46140-8812

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 22 / 2009  
**Transaction ID: SA11AI.110114**  
 Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
P JAMES DRAKE

Mailing Address 535 W 4TH ST.  
APT. 108

City LONG BEACH State CA Zip Code 90802-2187

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

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID: SA11AI.109855**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 585		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) P JAMES DRAKE	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 535 W 4TH ST. APT. 108	<b>Transaction ID:</b> SA11AI.109067
	City State Zip Code LONG BEACH CA 90802-2187	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation BOEING COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DONNA S DRENNER	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 11332 DOGWOOD DR	<b>Transaction ID:</b> SA11AI.108966
	City State Zip Code HAGERSTOWN MD 21740	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RENAULT FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE DREXEL IV	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 525 EUDY RD.	<b>Transaction ID:</b> SA11AI.114848
	City State Zip Code CHINA GROVE NC 28023-8620	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CHRYSLER LLC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 110 / 585  
(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)  
RANDALL T DRUMMOND

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.111253  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
RANDALL T DRUMMOND

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 12 / 08 / 2009  
Transaction ID: SA11AI.110157  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
KYLE R DUBBERKE

Mailing Address 3703 LASALLE DR

City ARLINGTON State TX Zip Code 76016-2930

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 08 / 11 / 2009  
Transaction ID: SA11AI.113140  
Amount of Each Receipt this Period 132.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 207.00

**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 111 / 585  
(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)  
KYLE R DUBBERKE

Mailing Address 3703 LASALLE DR

City ARLINGTON State TX Zip Code 76016-2930

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt: 09 / 09 / 2009  
**Transaction ID:** SA11AI.113141  
 Amount of Each Receipt this Period: 30.00

**B.**

Full Name (Last, First, Middle Initial)  
KYLE R DUBBERKE

Mailing Address 3703 LASALLE DR

City ARLINGTON State TX Zip Code 76016-2930

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt: 10 / 27 / 2009  
**Transaction ID:** SA11AI.110007  
 Amount of Each Receipt this Period: 24.00

**C.**

Full Name (Last, First, Middle Initial)  
KYLE R DUBBERKE

Mailing Address 3703 LASALLE DR

City ARLINGTON State TX Zip Code 76016-2930

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 12 / 16 / 2009  
**Transaction ID:** SA11AI.112154  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 585		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RONNIE DUBREE	Date of Receipt MM / DD / YYYY 09 / 23 / 2009
	Mailing Address 4018 CROFTON STREET	<b>Transaction ID:</b> SA11AI.111543
	City State Zip Code LAFAYETTE IN 47909	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation THE BLACKSTONE GROUP FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DEREK L DUFF	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 1735 WARREN HOLLOW RD	<b>Transaction ID:</b> SA11AI.112803
	City State Zip Code NOLENSVILLE TN 37135-9418	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.25	

<b>C.</b>	Full Name (Last, First, Middle Initial) DEREK L DUFF	Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 1735 WARREN HOLLOW RD	<b>Transaction ID:</b> SA11AI.110711
	City State Zip Code NOLENSVILLE TN 37135-9418	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> 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 113 / 585  
(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)  
DEREK L DUFF

Mailing Address 1735 WARREN HOLLOW RD

City NOLENSVILLE State TN Zip Code 37135-9418

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 ▼ 281.25

Date of Receipt: 10 / 07 / 2009  
**Transaction ID:** SA11AI.113837  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
DEREK L DUFF

Mailing Address 1735 WARREN HOLLOW RD

City NOLENSVILLE State TN Zip Code 37135-9418

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 ▼ 306.25

Date of Receipt: 10 / 19 / 2009  
**Transaction ID:** SA11AI.112804  
 Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
DEREK L DUFF

Mailing Address 1735 WARREN HOLLOW RD

City NOLENSVILLE State TN Zip Code 37135-9418

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 ▼ 506.25

Date of Receipt: 11 / 04 / 2009  
**Transaction ID:** SA11AI.110160  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ABRAHAM L DUNBAR		Date of Receipt
	Mailing Address 1521 S WESTMORELAND RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	OVILLA	TX	75154-8719
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.108928
Name of Employer NAVISTAR INTERNATIONAL CO- RP		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 225.00	<input type="text"/> 225.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ABRAHAM L DUNBAR		Date of Receipt
	Mailing Address 1521 S WESTMORELAND RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	OVILLA	TX	75154-8719
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.108262
Name of Employer NAVISTAR INTERNATIONAL CO- RP		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 75.00

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRIS L DURGIN		Date of Receipt
	Mailing Address 1214 S ORIOLEST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ANAHEIM	CA	92804-4627
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.111864
Name of Employer BOEING COMPANY		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 225.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 325.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 585

(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)  
CHRIS L DURGIN

Mailing Address 1214 S ORIOLEST

City State Zip Code  
ANAHEIM CA 92804-4627

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.115385

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
HARVEY DURHAM

Mailing Address 1276 FIRST AVENUE

City State Zip Code  
LAWRENCEBURG TN 38464

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

Name of Employer Occupation  
MURRAY, INC. FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.113015

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
RUTH EARLY

Mailing Address 10639 MORNING GLORY LN

City State Zip Code  
CINCINNATI OH 45240-4014

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 222.00

Date of Receipt

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

Transaction ID: SA11AI.115661

Amount of Each Receipt this Period  
30.00

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

355.00

**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: (check only one)	PAGE 116 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) RUTH EARLY		Date of Receipt
	Mailing Address 10639 MORNING GLORY LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	City	State	Zip Code
	CINCINNATI	OH	45240-4014
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.115651
		Amount of Each Receipt this Period	
		<input type="text"/> 24.00	
Name of Employer GENERAL ELECTRIC		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 246.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) HENRY EASTER, JR.		Date of Receipt
	Mailing Address 3743 ALDINO RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	City	State	Zip Code
	ABERDEEN	MD	21001-1125
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.111881
		Amount of Each Receipt this Period	
		<input type="text"/> 25.00	
Name of Employer CYTEC INDUSTRIES		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) OLIVER R EDMONDSON		Date of Receipt
	Mailing Address 3217 KIESTWOOD DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 5 / 2 0 0 9
	City	State	Zip Code
	DALLAS	TX	75233-2821
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.113519
		Amount of Each Receipt this Period	
		<input type="text"/> 225.00	
Name of Employer NAVISTAR INTERNATIONAL CO- RP		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 274.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 585  
(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)  
OLIVER R EDMONDSON

Mailing Address 3217 KIESTWOOD DR

City State Zip Code  
DALLAS TX 75233-2821

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.110380

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 5277 FM ROAD 55

City State Zip Code  
BLOOMING GROVE TX 76626-9778

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

Name of Employer LOCKHEED MARTIN CORPORATI-ON  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

Transaction ID: SA11AI.110647

Amount of Each Receipt this Period  
187.00

**C.**

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

Mailing Address 5277 FM ROAD 55

City State Zip Code  
BLOOMING GROVE TX 76626-9778

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

Name of Employer LOCKHEED MARTIN CORPORATI-ON  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.50

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

Transaction ID: SA11AI.112254

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **304.50**

**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 118 / 585  
(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)  
LARRY W EDMONSON

Mailing Address 5277 FM ROAD 55

City State Zip Code  
BLOOMING GROVE TX 76626-9778

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.110100

Amount of Each Receipt this Period  
34.00

**B.**

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

Mailing Address 5277 FM ROAD 55

City State Zip Code  
BLOOMING GROVE TX 76626-9778

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.113784

Amount of Each Receipt this Period  
42.50

**C.**

Full Name (Last, First, Middle Initial)  
GILBERT L ELLIOTT

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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 ▼ 225.00

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

Transaction ID: SA11AI.109620

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **126.50**

**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 119 / 585

(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)  
GILBERT L ELLIOTT

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.108984

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
LEE EMMONS

Mailing Address 310 RED BUD LN

City State Zip Code  
THOMASVILLE NC 27360-7614

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.108816

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
DANNY J ERNSTES

Mailing Address 205 S JEFFERSON

City State Zip Code  
FAIRLAND IN 46126

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.109459

Amount of Each Receipt this Period

75.00

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

125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 585  
(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)  
ARTHUR ESCOBEDO

Mailing Address 33558 4TH STREET

City State Zip Code  
UNION CITY CA 94587-2413

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

Name of Employer Occupation  
NEW UNITED MOTOR MFG INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11AI.109971

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
ARTHUR ESCOBEDO

Mailing Address 33558 4TH STREET

City State Zip Code  
UNION CITY CA 94587-2413

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

Name of Employer Occupation  
NEW UNITED MOTOR MFG INC 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  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.111584

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT EVANS JR

Mailing Address 10407 E 30TH ST

City State Zip Code  
INDIANAPOLIS IN 46229-1403

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11AI.111656

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

**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 121 / 585  
(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 EVANS JR  
Mailing Address 10407 E 30TH ST  
City INDIANAPOLIS State IN Zip Code 46229-1403  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 12 / 07 / 2009  
Transaction ID: SA11AI.110577  
Amount of Each Receipt this Period: 100.00

Name of Employer: NAVISTAR INTERNATIONAL CO-RP Occupation: FACTORY WORKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 325.00

**B.** 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**

Date of Receipt: 08 / 04 / 2009  
Transaction ID: SA11AI.114282  
Amount of Each Receipt this Period: 275.00

Name of Employer: Occupation: RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 275.00

**C.** 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**

Date of Receipt: 09 / 24 / 2009  
Transaction ID: SA11AI.111714  
Amount of Each Receipt this Period: 100.00

Name of Employer: Occupation: RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 475.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL FAIRBANKS		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 6302 LAROCQUE CIR		<b>Transaction ID:</b> SA11AI.111425		
	City LANSING	State MI	Zip Code 48917-9740	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER		Aggregate Year-to-Date ▼ 415.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DANIEL FAIRBANKS		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 6302 LAROCQUE CIR		<b>Transaction ID:</b> SA11AI.111961		
	City LANSING	State MI	Zip Code 48917-9740	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER		Aggregate Year-to-Date ▼ 440.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LARRY J FANNING		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 2320 S TIBBS AVE		<b>Transaction ID:</b> SA11AI.108918		
	City INDIANAPOLIS	State IN	Zip Code 46241-4801	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer PENSKE CORPORATION		Occupation FACTORY WORKER		Aggregate Year-to-Date ▼ 225.00	

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 585  
(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)  
LARRY J FANNING

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.108401

Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
ALLEN D FARLEY

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt: MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.114536

Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
ALLEN D FARLEY

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.110387

Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 585  
(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)  
CLIFFORD J FATT

Mailing Address 5775 WIND SPIRIT CT..

City WATERFORD State MI Zip Code 48327

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 23 / 2009  
**Transaction ID:** SA11AI.111251  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
CLARA FAULKNER

Mailing Address 4712 LEONARD ST

City FORT WORTH State TX Zip Code 76119-7541

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

Name of Employer BALL CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 03 / 2009  
**Transaction ID:** SA11AI.109921  
 Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City STERLING HEIGHTS State MI Zip Code 48312-1608

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

Name of Employer BLUE CARE NETWORK OF MICHIGAN Occupation TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 09 / 11 / 2009  
**Transaction ID:** SA11AI.115679  
 Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 125 / 585  
(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)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City State Zip Code  
STERLING HEIGHTS MI 48312-1608

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

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2009

**Transaction ID:** SA11AI.115834

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City State Zip Code  
STERLING HEIGHTS MI 48312-1608

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

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2009

**Transaction ID:** SA11AI.115719

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City State Zip Code  
STERLING HEIGHTS MI 48312-1608

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

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 01 / 2009

**Transaction ID:** SA11AI.115720

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 585  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City State Zip Code  
STERLING HEIGHTS MI 48312-1608

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

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.115887

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City State Zip Code  
STERLING HEIGHTS MI 48312-1608

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

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

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

Transaction ID: SA11AI.115835

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City State Zip Code  
STERLING HEIGHTS MI 48312-1608

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

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: SA11AI.115741

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 585  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
SUSAN M FELCZAK-KOZICKI

Mailing Address 38046 CARDONI DR

City State Zip Code  
STERLING HEIGHTS MI 48312-1608

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

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.115836

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
K W FERGUSON

Mailing Address 3636 ADDISON-CARLISLE RD

City State Zip Code  
NEW CARLISLE OH 45344

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** SA11AI.114324

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
M FERRELL

Mailing Address 1866 KOEHNE ST

City State Zip Code  
INDIANAPOLIS IN 46202-1038

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.111300

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 585  
(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)  
MARK FERRELL

Mailing Address 6534 SANTA ANA LANE

City State Zip Code  
INDIANAPOLIS IN 46214-3388

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

Name of Employer Occupation  
NAVISTAR FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2009

Transaction ID: SA11AI.113415

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK FERRELL

Mailing Address 6534 SANTA ANA LANE

City State Zip Code  
INDIANAPOLIS IN 46214-3388

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

Name of Employer Occupation  
NAVISTAR FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

Transaction ID: SA11AI.111887

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
PHYLLIS FINCH

Mailing Address 18060 BRINKER ST

City State Zip Code  
DETROIT MI 48234-1536

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

Name of Employer Occupation  
WAYNE COUNTY COMMUNITY COLLEGE CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2009

Transaction ID: SA11AI.115652

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

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

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

FOR LINE NUMBER: PAGE 129 / 585  
(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)  
PHYLLIS FINCH  
Mailing Address 18060 BRINKER ST  
City State Zip Code  
DETROIT MI 48234-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WAYNE COUNTY COMMUNITY COLLEGE Occupation CLERK  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY 08 / 07 / 2009  
Transaction ID: SA11AI.115656  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
PHYLLIS FINCH  
Mailing Address 18060 BRINKER ST  
City State Zip Code  
DETROIT MI 48234-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WAYNE COUNTY COMMUNITY COLLEGE Occupation CLERK  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt MM / DD / YYYY 08 / 31 / 2009  
Transaction ID: SA11AI.115657  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
PHYLLIS FINCH  
Mailing Address 18060 BRINKER ST  
City State Zip Code  
DETROIT MI 48234-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WAYNE COUNTY COMMUNITY COLLEGE Occupation CLERK  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00  
Date of Receipt MM / DD / YYYY 09 / 23 / 2009  
Transaction ID: SA11AI.115598  
Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 130 / 585  
(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)  
PHYLLIS FINCH  
Mailing Address 18060 BRINKER ST  
City State Zip Code  
DETROIT MI 48234-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WAYNE COUNTY COMMUNITY CO-LEGE Occupation CLERK  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00  
Date of Receipt: 10 / 01 / 2009  
Transaction ID: SA11AI.115632  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
PHYLLIS FINCH  
Mailing Address 18060 BRINKER ST  
City State Zip Code  
DETROIT MI 48234-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WAYNE COUNTY COMMUNITY CO-LEGE Occupation CLERK  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 10 / 15 / 2009  
Transaction ID: SA11AI.115611  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
PHYLLIS FINCH  
Mailing Address 18060 BRINKER ST  
City State Zip Code  
DETROIT MI 48234-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WAYNE COUNTY COMMUNITY CO-LEGE Occupation CLERK  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00  
Date of Receipt: 10 / 28 / 2009  
Transaction ID: SA11AI.115658  
Amount of Each Receipt this Period: 50.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 585

(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)  
PHYLLIS FINCH

Mailing Address 18060 BRINKER ST

City State Zip Code  
DETROIT MI 48234-1536

FEC ID number of contributing federal political committee. C

Name of Employer  
WAYNE COUNTY COMMUNITY CO-  
LLEGE

Occupation  
CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 13 / 2009

**Transaction ID:** SA11AI.115653

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
PHYLLIS FINCH

Mailing Address 18060 BRINKER ST

City State Zip Code  
DETROIT MI 48234-1536

FEC ID number of contributing federal political committee. C

Name of Employer  
WAYNE COUNTY COMMUNITY CO-  
LLEGE

Occupation  
CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 08 / 2009

**Transaction ID:** SA11AI.115633

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
GERALD FINNEGAN

Mailing Address 517 WATKINS ST.

City State Zip Code  
CONWAY AR 72034-5126

FEC ID number of contributing federal political committee. C

Name of Employer  
AMERICAN TRANSPORTATION  
CORP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** SA11AI.114311

Amount of Each Receipt this Period  
26.00

**SUBTOTAL** of Receipts This Page (optional) ..... 126.00

**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 132 / 585  
(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)  
GERALD FINNEGAN  
Mailing Address 517 WATKINS ST.  
City CONWAY State AR Zip Code 72034-5126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN TRANSPORTATION CORP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 286.00  
Date of Receipt 08 / 18 / 2009  
Transaction ID: SA11AI.113284  
Amount of Each Receipt this Period 26.00

**B.** Full Name (Last, First, Middle Initial)  
GERALD FINNEGAN  
Mailing Address 517 WATKINS ST.  
City CONWAY State AR Zip Code 72034-5126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN TRANSPORTATION CORP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00  
Date of Receipt 09 / 09 / 2009  
Transaction ID: SA11AI.110136  
Amount of Each Receipt this Period 26.00

**C.** Full Name (Last, First, Middle Initial)  
GERALD FINNEGAN  
Mailing Address 517 WATKINS ST.  
City CONWAY State AR Zip Code 72034-5126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN TRANSPORTATION CORP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 338.00  
Date of Receipt 09 / 16 / 2009  
Transaction ID: SA11AI.110688  
Amount of Each Receipt this Period 26.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 78.00  
**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 133 / 585  
(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)  
GERALD FINNEGAN

Mailing Address 517 WATKINS ST.

City CONWAY State AR Zip Code 72034-5126

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

Name of Employer AMERICAN TRANSPORTATION CORP Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.110137  
 Amount of Each Receipt this Period: 26.00

**B.** Full Name (Last, First, Middle Initial)  
GERALD FINNEGAN

Mailing Address 517 WATKINS ST.

City CONWAY State AR Zip Code 72034-5126

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

Name of Employer AMERICAN TRANSPORTATION CORP Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 10 / 13 / 2009  
**Transaction ID:** SA11AI.112777  
 Amount of Each Receipt this Period: 26.00

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

Mailing Address 517 WATKINS ST.

City CONWAY State AR Zip Code 72034-5126

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

Name of Employer AMERICAN TRANSPORTATION CORP Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt: 10 / 21 / 2009  
**Transaction ID:** SA11AI.111230  
 Amount of Each Receipt this Period: 26.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 78.00

**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 134 / 585  
(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)  
LEONARD FINNEGAN

Mailing Address 20A FOOTHILL DRIVE

City CONWAY State AZ Zip Code 92032-9023

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

Name of Employer AMERICAN TRANSPORTATION CORP Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 21 / 2009  
**Transaction ID:** SA11AI.112621  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM FITZGERALD

Mailing Address 304 KINGSWOOD TRAIL

City TOLEDO State OH Zip Code 43615-5417

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.109429  
 Amount of Each Receipt this Period: 34.62

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM FITZGERALD

Mailing Address 304 KINGSWOOD TRAIL

City TOLEDO State OH Zip Code 43615-5417

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 11 / 19 / 2009  
**Transaction ID:** SA11AI.108605  
 Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.39

**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 135 / 585  
(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)  
WILLIAM FITZGERALD

Mailing Address 304 KINGSWOOD TRAIL

City Toledo State OH Zip Code 43615-5417

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 12 / 09 / 2009  
Transaction ID: SA11AI.109575  
Amount of Each Receipt this Period: 11.54

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM FITZGERALD

Mailing Address 304 KINGSWOOD TRAIL

City Toledo State OH Zip Code 43615-5417

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.11

Date of Receipt: 12 / 16 / 2009  
Transaction ID: SA11AI.109743  
Amount of Each Receipt this Period: 5.77

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

Mailing Address 15550 CO ROAD F

City BRYAN State OH Zip Code 43506-9444

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

Name of Employer UAW LOCAL UNION Occupation LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt: 08 / 10 / 2009  
Transaction ID: SA11AI.113136  
Amount of Each Receipt this Period: 172.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 189.31

**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 136 / 585  
(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)  
**ENRIQUE FLORES JR**  
 Mailing Address **3040 COMMODORE DR APT 259**  
 City **GRAND PRAIRIE** State **TX** Zip Code **75052-8207**  
 Date of Receipt **07 / 31 / 2009**  
**Transaction ID: SA11AI.110793**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

**B.** Full Name (Last, First, Middle Initial)  
**IRANETTE FOSTER**  
 Mailing Address **3120 FARMDALE DR**  
 City **STERLING HEIGHTS** State **MI** Zip Code **48314-2821**  
 Date of Receipt **10 / 08 / 2009**  
**Transaction ID: SA11AI.115823**  
 Amount of Each Receipt this Period **230.00**  
 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 ▼ **230.00**

**C.** Full Name (Last, First, Middle Initial)  
**IRANETTE FOSTER**  
 Mailing Address **3120 FARMDALE DR**  
 City **STERLING HEIGHTS** State **MI** Zip Code **48314-2821**  
 Date of Receipt **12 / 02 / 2009**  
**Transaction ID: SA11AI.115709**  
 Amount of Each Receipt this Period **3.00**  
 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 ▼ **233.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **283.00**  
**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 137 / 585  
(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)  
 IRANETTE FOSTER  
 Mailing Address 3120 FARMDALE DR  
 City State Zip Code  
 STERLING HEIGHTS MI 48314-2821  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 9  
**Transaction ID:** SA11AI.115672  
 Amount of Each Receipt this Period  
 1.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 234.00

**B.** Full Name (Last, First, Middle Initial)  
 JAMES FOSTER  
 Mailing Address 7300 MURKINS RD  
 City State Zip Code  
 KANSAS CITY MO 64133-7002  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.111012  
 Amount of Each Receipt this Period  
 210.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FORD MOTOR COMPANY FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 420.00

**C.** Full Name (Last, First, Middle Initial)  
 JAMES FOSTER  
 Mailing Address 7300 MURKINS RD  
 City State Zip Code  
 KANSAS CITY MO 64133-7002  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 9  
**Transaction ID:** SA11AI.112581  
 Amount of Each Receipt this Period  
 70.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FORD MOTOR COMPANY FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 490.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 281.00  
**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 138 / 585  
(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)  
JAMES FOSTER

Mailing Address 7300 MURKINS RD

City State Zip Code  
KANSAS CITY MO 64133-7002

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

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

Transaction ID: SA11AI.113611

Amount of Each Receipt this Period  
70.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES FOSTER

Mailing Address 7300 MURKINS RD

City State Zip Code  
KANSAS CITY MO 64133-7002

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.112582

Amount of Each Receipt this Period  
70.00

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN A FOSTER

Mailing Address 2546 IVY PL

City State Zip Code  
TOLEDO OH 43613-3812

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

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

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

Transaction ID: SA11AI.108559

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **202.50**

**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 139 / 585  
(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)  
SUSAN A FOSTER

Mailing Address 2546 IVY PL

City Toledo State OH Zip Code 43613-3812

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.109535

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN A FOSTER

Mailing Address 2546 IVY PL

City Toledo State OH Zip Code 43613-3812

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.108911

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN A FOSTER

Mailing Address 2546 IVY PL

City Toledo State OH Zip Code 43613-3812

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 12 / 08 / 2009

Transaction ID: SA11AI.109860

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 140 / 585  
(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)  
SUSAN A FOSTER

Mailing Address 2546 IVY PL

City Toledo State OH Zip Code 43613-3812

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.109703

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
RICKIE L FOUST

Mailing Address 2320 S TIBBS AVE

City Indianapolis State IN Zip Code 46241-4801

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 11 / 13 / 2009

Transaction ID: SA11AI.113769

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
RICKIE L FOUST

Mailing Address 2320 S TIBBS AVE

City Indianapolis State IN Zip Code 46241-4801

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 ▼ 275.00

Date of Receipt 12 / 08 / 2009

Transaction ID: SA11AI.113770

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 87.50

**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 141 / 585  
(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)  
MATTHEW P FOWLER

Mailing Address 232 LINCOLN

City State Zip Code  
SWANTON OH 43558

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

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

**Transaction ID:** SA11AI.113917

Amount of Each Receipt this Period  
34.62

**B.** Full Name (Last, First, Middle Initial)  
MATTHEW P FOWLER

Mailing Address 232 LINCOLN

City State Zip Code  
SWANTON OH 43558

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

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

**Transaction ID:** SA11AI.114882

Amount of Each Receipt this Period  
5.77

**C.** Full Name (Last, First, Middle Initial)  
MATTHEW P FOWLER

Mailing Address 232 LINCOLN

City State Zip Code  
SWANTON OH 43558

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.110235

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **46.16**

**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 142 / 585  
(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)  
MATTHEW P FOWLER  
Mailing Address 232 LINCOLN  
City SWANTON State OH Zip Code 43558  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34  
Date of Receipt 12 / 09 / 2009  
Transaction ID: SA11AI.113918  
Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
MATTHEW P FOWLER  
Mailing Address 232 LINCOLN  
City SWANTON State OH Zip Code 43558  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.11  
Date of Receipt 12 / 16 / 2009  
Transaction ID: SA11AI.111845  
Amount of Each Receipt this Period 5.77

**C.** Full Name (Last, First, Middle Initial)  
CHESTER W FOX  
Mailing Address 161 LINCOLN DR  
City NEWARK State OH Zip Code 43055-3433  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ROCKWELL INTERNATIONAL CO-RP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 16 / 2009  
Transaction ID: SA11AI.115613  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 36.54  
**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 143 / 585  
(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)  
LINDA FRANCIS  
 Mailing Address PO BOX 7770  
 City FLINT State MI Zip Code 48507-0770  
 Date of Receipt 07 / 08 / 2009  
 Transaction ID: SA11AI.110875  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 525.00

**B.** Full Name (Last, First, Middle Initial)  
LINDA FRANCIS  
 Mailing Address PO BOX 7770  
 City FLINT State MI Zip Code 48507-0770  
 Date of Receipt 07 / 24 / 2009  
 Transaction ID: SA11AI.112452  
 Amount of Each Receipt this Period 265.00  
 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 790.00

**C.** Full Name (Last, First, Middle Initial)  
LINDA FRANCIS  
 Mailing Address PO BOX 7770  
 City FLINT State MI Zip Code 48507-0770  
 Date of Receipt 07 / 31 / 2009  
 Transaction ID: SA11AI.114003  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 815.00

**SUBTOTAL** of Receipts This Page (optional) ..... **315.00**  
**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 144 / 585  
(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)  
LINDA FRANCIS

Mailing Address PO BOX 7770

City FLINT State MI Zip Code 48507-0770

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 ▼ 1165.00

Date of Receipt: 11 / 04 / 2009  
**Transaction ID: SA11AI.111404**  
 Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
ANTONIO FRANSETTA

Mailing Address 12059 SUNSET POINT CT

City WELLINGTON State FL Zip Code 33414

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2009  
**Transaction ID: SA11AI.110772**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
RANDALL S FREEMAN

Mailing Address 1122 HILLGATE WAY

City LANSING State MI Zip Code 48912-5013

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 ▼ 275.00

Date of Receipt: 07 / 08 / 2009  
**Transaction ID: SA11AI.114804**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 875.00

**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  
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FOR LINE NUMBER: PAGE 145 / 585  
(check only one)  
 11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.**

Full Name (Last, First, Middle Initial)  
RANDALL S FREEMAN

Mailing Address 1122 HILLGATE WAY

City LANSING State MI Zip Code 48912-5013

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 ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2009

Transaction ID: SA11AI.110702

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
RANDALL S FREEMAN

Mailing Address 1122 HILLGATE WAY

City LANSING State MI Zip Code 48912-5013

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 Y  
07 / 31 / 2009

Transaction ID: SA11AI.114325

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
RANDALL S FREEMAN

Mailing Address 1122 HILLGATE WAY

City LANSING State MI Zip Code 48912-5013

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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2009

Transaction ID: SA11AI.110703

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 585

(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)  
RANDALL S FREEMAN

Mailing Address 1122 HILLGATE WAY

City State Zip Code  
LANSING MI 48912-5013

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.00

Date of Receipt

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

Transaction ID: SA11AI.111771

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MARY FRIEDLANDER

Mailing Address 718 MARK AVENUE

City State Zip Code  
HAMILTON OH 45013-1739

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

Name of Employer Occupation  
PHILIP MORRIS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

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

Transaction ID: SA11AI.111985

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)  
HERBERT D FULSOM

Mailing Address 3462 S. EMERLING DR.

City State Zip Code  
BLASDELL NY 14219

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

Name of Employer Occupation  
GIBRALTAR STEEL CORP FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.114354

Amount of Each Receipt this Period

50.00

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

124.00

**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 147 / 585  
(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)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) ANNE GANDY</p> <p>Mailing Address 2674 MIDDLESEX DR</p> <p>City Toledo State OH Zip Code 43606-3009</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: ST VINCENT MERCY MEDICAL CEN      Occupation: TECHNICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">212.50</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 9 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.109763</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">62.50</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) ANNE GANDY</p> <p>Mailing Address 2674 MIDDLESEX DR</p> <p>City Toledo State OH Zip Code 43606-3009</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: ST VINCENT MERCY MEDICAL CEN      Occupation: TECHNICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">237.50</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.108630</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) ANNE GANDY</p> <p>Mailing Address 2674 MIDDLESEX DR</p> <p>City Toledo State OH Zip Code 43606-3009</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: ST VINCENT MERCY MEDICAL CEN      Occupation: TECHNICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 9 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.108631</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">12.50</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 585  
(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)  
ANNE GANDY

Mailing Address 2674 MIDDLESEX DR

City Toledo State OH Zip Code 43606-3009

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 12 / 08 / 2009

Transaction ID: SA11AI.109304

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
ANNE GANDY

Mailing Address 2674 MIDDLESEX DR

City Toledo State OH Zip Code 43606-3009

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.108632

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES GANGAROSSA

Mailing Address 328 FAWN TRL

City Buffalo State NY Zip Code 14224-4512

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 ▼ 210.00

Date of Receipt 10 / 01 / 2009

Transaction ID: SA11AI.109891

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 585  
(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)  
CHARLES GANGAROSSA

Mailing Address 328 FAWN TRL

City State Zip Code  
BUFFALO NY 14224-4512

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

Transaction ID: SA11AI.108580

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES GANGAROSSA

Mailing Address 328 FAWN TRL

City State Zip Code  
BUFFALO NY 14224-4512

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.108420

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
JEFF T GASE

Mailing Address 1682 MEADOWLARK LN

City State Zip Code  
MARYSVILLE OH 43040-8495

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

Name of Employer Occupation  
PPG INDUSTRIES INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

Transaction ID: SA11AI.111058

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 585  
(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) JEFF T GASE		Date of Receipt MM / DD / YYYY 09 / 23 / 2009
Mailing Address 1682 MEADOWLARK LN		<b>Transaction ID:</b> SA11AI.115132
City MARYSVILLE	State OH	Zip Code 43040-8495
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer PPG INDUSTRIES INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) JEFF T GASE		Date of Receipt MM / DD / YYYY 10 / 12 / 2009
Mailing Address 1682 MEADOWLARK LN		<b>Transaction ID:</b> SA11AI.110526
City MARYSVILLE	State OH	Zip Code 43040-8495
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer PPG INDUSTRIES INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**C.**

Full Name (Last, First, Middle Initial) JEFF T GASE		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 1682 MEADOWLARK LN		<b>Transaction ID:</b> SA11AI.114177
City MARYSVILLE	State OH	Zip Code 43040-8495
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer PPG INDUSTRIES INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	78.00
<b>TOTAL</b> 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 151 / 585  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
JEFF T GASE

Mailing Address 1682 MEADOWLARK LN

City State Zip Code  
MARYSVILLE OH 43040-8495

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

Name of Employer Occupation  
PPG INDUSTRIES INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 324.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.111613

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
GABRIEL GATES

Mailing Address 13843 DONOVAN DR

City State Zip Code  
GREENCASTLE PA 17225

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

Name of Employer Occupation  
RENAULT FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.114335

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
SANDRA GATSON

Mailing Address 1522 LAKECREST ST

City State Zip Code  
GRAND PRAIRIE TX 75051-3447

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.109357

Amount of Each Receipt this Period

150.00

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

205.00

**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 152 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
SANDRA GATSON

Mailing Address 1522 LAKECREST ST

City State Zip Code  
GRAND PRAIRIE TX 75051-3447

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA11AI.108364

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN R GEDNEY

Mailing Address 4669 PRAIRIE ROSE RD.

City State Zip Code  
ROSCOE IL 61073

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.109746

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN R GEDNEY

Mailing Address 4669 PRAIRIE ROSE RD.

City State Zip Code  
ROSCOE IL 61073

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.108446

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 585  
(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)  
GLADYS GERARD

Mailing Address 4801 LANSING RD

City State Zip Code  
PERRY MI 48872-9715

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2009

Transaction ID: SA11AI.112799

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
GLADYS GERARD

Mailing Address 4801 LANSING RD

City State Zip Code  
PERRY MI 48872-9715

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

Transaction ID: SA11AI.111770

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT GERMAIN

Mailing Address 10255 MEDALLION DR

City State Zip Code  
INDIANAPOLIS IN 46231-1970

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

Transaction ID: SA11AI.112421

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 585  
(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)  
ROBERT GERMAIN

Mailing Address 10255 MEDALLION DR

City INDIANAPOLIS State IN Zip Code 46231-1970

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 ▼ 275.00

Date of Receipt: 11 / 19 / 2009  
**Transaction ID: SA11AI.113963**

Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT GERMAIN

Mailing Address 10255 MEDALLION DR

City INDIANAPOLIS State IN Zip Code 46231-1970

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 22 / 2009  
**Transaction ID: SA11AI.113427**

Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL GIBSON

Mailing Address 25 S. MAIN ST.

City FORT LORAMIE State OH Zip Code 45845-9770

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

Name of Employer LEAR CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 27 / 2009  
**Transaction ID: SA11AI.112020**

Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 155 / 585  
(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)  
 DANIEL GIBSON  
 Mailing Address 25 S. MAIN ST.  
 City State Zip Code  
**FORT LORAMIE OH 45845-9770**  
 Date of Receipt  
  /   /      
**11 19 2009**  
**Transaction ID: SA11AI.113547**  
 Amount of Each Receipt this Period  
           
**50.00**  
 FEC ID number of contributing federal political committee. **C**                      
 Name of Employer Occupation  
**LEAR CORPORATION FACTORY WORKER**  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼                       
**275.00**

**B.** Full Name (Last, First, Middle Initial)  
 DANIEL GIBSON  
 Mailing Address 25 S. MAIN ST.  
 City State Zip Code  
**FORT LORAMIE OH 45845-9770**  
 Date of Receipt  
  /   /      
**12 22 2009**  
**Transaction ID: SA11AI.114074**  
 Amount of Each Receipt this Period  
           
**25.00**  
 FEC ID number of contributing federal political committee. **C**                      
 Name of Employer Occupation  
**LEAR CORPORATION FACTORY WORKER**  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼                       
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
 THOMAS GIBSON  
 Mailing Address 1171 LANE AVE S  
 APT 1204  
 City State Zip Code  
**JACKSONVILLE FL 32205-6292**  
 Date of Receipt  
  /   /      
**10 30 2009**  
**Transaction ID: SA11AI.110998**  
 Amount of Each Receipt this Period  
           
**25.00**  
 FEC ID number of contributing federal political committee. **C**                      
 Name of Employer Occupation  
**VOLVO (AB) FACTORY WORKER**  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼                       
**225.00**

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

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

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

FOR LINE NUMBER: PAGE 156 / 585  
(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)  
CAROLYN A GIORDANO  
Mailing Address 973 W ONTARIO AVE  
City CORONA State CA Zip Code 92882-5488  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOEING COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.113576  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
CAROLYN A GIORDANO  
Mailing Address 973 W ONTARIO AVE  
City CORONA State CA Zip Code 92882-5488  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOEING COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.115060  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
JERRY GIRON  
Mailing Address 3626 KINGSWAY AVE.  
City ANAHEIM State CA Zip Code 92804  
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 10 / 23 / 2009  
Transaction ID: SA11AI.112151  
Amount of Each Receipt this Period 300.00

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

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

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

FOR LINE NUMBER: PAGE 157 / 585  
(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 GIVENS

Mailing Address 5241 DARLENE DR

City Toledo State OH Zip Code 43615-4612

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.112517

Amount of Each Receipt this Period 40.39

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL GIVENS

Mailing Address 5241 DARLENE DR

City Toledo State OH Zip Code 43615-4612

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.113561

Amount of Each Receipt this Period 5.77

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

Mailing Address 5241 DARLENE DR

City Toledo State OH Zip Code 43615-4612

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt 12 / 08 / 2009

Transaction ID: SA11AI.111498

Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.93

**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 158 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL GIVENS		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 5241 DARLENE DR		Transaction ID: SA11AI.110967		
	City TOLEDO	State OH	Zip Code 43615-4612	Amount of Each Receipt this Period 5.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.11			

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL GIVENS		Date of Receipt MM / DD / YYYY 12 / 16 / 2009		
	Mailing Address 5241 DARLENE DR		Transaction ID: SA11AI.113562		
	City TOLEDO	State OH	Zip Code 43615-4612	Amount of Each Receipt this Period 5.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.88			

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT S GORDON		Date of Receipt MM / DD / YYYY 10 / 08 / 2009		
	Mailing Address 5208 LITTLE MOUNTAIN RD.		Transaction ID: SA11AI.114424		
	City GASTONIA	State NC	Zip Code 28056-6916	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00			

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

81.54

**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 159 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT S GORDON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	Mailing Address 5208 LITTLE MOUNTAIN RD.	<b>Transaction ID:</b> SA11AI.113941
	City State Zip Code GASTONIA NC 28056-6916	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT S GORDON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Mailing Address 5208 LITTLE MOUNTAIN RD.	<b>Transaction ID:</b> SA11AI.114425
	City State Zip Code GASTONIA NC 28056-6916	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOSEPH D GORSICK	Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 9
	Mailing Address 2512 REGAL RD	<b>Transaction ID:</b> SA11AI.110339
	City State Zip Code LA GRANGE KY 40031-9499	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

**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 160 / 585  
(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)  
JOSEPH D GORSICK  
Mailing Address 2512 REGAL RD  
City LA GRANGE State KY Zip Code 40031-9499  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 10 / 01 / 2009  
Transaction ID: SA11AI.113483  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH D GORSICK  
Mailing Address 2512 REGAL RD  
City LA GRANGE State KY Zip Code 40031-9499  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 10 / 02 / 2009  
Transaction ID: SA11AI.114979  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
RANDY GOTT  
Mailing Address 7905 N SANCTUARY LN  
City MOORESVILLE State IN Zip Code 46158-9082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 27 / 2009  
Transaction ID: SA11AI.112645  
Amount of Each Receipt this Period 25.00

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

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

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

FOR LINE NUMBER: PAGE 161 / 585  
(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)  
RANDY GOTT

Mailing Address 7905 N SANCTUARY LN

City MOORESVILLE State IN Zip Code 46158-9082

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 ▼ 275.00

Date of Receipt: 11 / 19 / 2009  
**Transaction ID:** SA11AI.111080  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
RANDY GOTT

Mailing Address 7905 N SANCTUARY LN

City MOORESVILLE State IN Zip Code 46158-9082

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 22 / 2009  
**Transaction ID:** SA11AI.110556  
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 6399 MORGAN WAY

City BUENA PARK State CA Zip Code 90620-1525

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

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.109530  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 162 / 585  
(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)  
ALBERT GRANADOS

Mailing Address 6399 MORGAN WAY

City State Zip Code  
BUENA PARK CA 90620-1525

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.108908

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL J GREEN

Mailing Address 142 BRYSON RD

City State Zip Code  
BUTLER PA 16001-7314

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

Name of Employer Occupation  
A K STEEL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

Transaction ID: SA11AI.114885

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL J GREEN

Mailing Address 142 BRYSON RD

City State Zip Code  
BUTLER PA 16001-7314

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

Name of Employer Occupation  
A K STEEL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2009

Transaction ID: SA11AI.110237

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **75.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 / 585  
(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)  
**MONYETTE L GREEN**  
 Mailing Address **103 STATION HOUSE DR.**  
 City **HARVEST** State **AL** Zip Code **35749**  
 Date of Receipt MM / DD / YYYY  
10 / 30 / 2009  
**Transaction ID: SA11AI.112240**  
 Amount of Each Receipt this Period 75.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **SIEMENS AG** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**DANA GREENE**  
 Mailing Address **19319 MENDOTA ST**  
 City **DETROIT** State **MI** Zip Code **48221-1451**  
 Date of Receipt MM / DD / YYYY  
10 / 01 / 2009  
**Transaction ID: SA11AI.114290**  
 Amount of Each Receipt this Period 60.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **FORD MOTOR COMPANY** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

**C.** Full Name (Last, First, Middle Initial)  
**DANA GREENE**  
 Mailing Address **19319 MENDOTA ST**  
 City **DETROIT** State **MI** Zip Code **48221-1451**  
 Date of Receipt MM / DD / YYYY  
10 / 02 / 2009  
**Transaction ID: SA11AI.110115**  
 Amount of Each Receipt this Period 60.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **FORD MOTOR COMPANY** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

**SUBTOTAL** of Receipts This Page (optional) ..... 195.00  
**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 164 / 585  
(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)  
DANA GREENE

Mailing Address 19319 MENDOTA ST

City State Zip Code  
DETROIT MI 48221-1451

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.113267

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
JIMMY W GREENE

Mailing Address 703 ALEXANDER ST

City State Zip Code  
ROCKWALL TX 75087-4174

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.112891

Amount of Each Receipt this Period  
75.00

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

Mailing Address 1751 AVALON RD

City State Zip Code  
CLEVELAND OH 44112

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

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** SA11AI.114227

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 / 585  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL GREGG		Date of Receipt
	Mailing Address 1751 AVALON RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 0 9
	City	State	Zip Code
	CLEVELAND	OH	44112
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.111128
Name of Employer ALCOA INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL GREGG		Date of Receipt
	Mailing Address 1751 AVALON RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	City	State	Zip Code
	CLEVELAND	OH	44112
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.114696
Name of Employer ALCOA INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE R GREGORY		Date of Receipt
	Mailing Address 722 COLUMBINE LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 5 / 2 0 0 9
	City	State	Zip Code
	GRAND PRAIRIE	TX	75052-6313
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.112630
Name of Employer VOUGHT AIRCRAFT INDUSTRIES		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 216.00
		<input type="text"/> 312.00	

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

**266.00**

**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: (check only one)	PAGE 166 / 585		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GEORGE R GREGORY		Date of Receipt
	Mailing Address 722 COLUMBINE LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2009
	City	State	Zip Code
	GRAND PRAIRIE	TX	75052-6313
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.114649
Name of Employer VOUGHT AIRCRAFT INDUSTRIES		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00	<input type="text"/> 156.00

<b>B.</b>	Full Name (Last, First, Middle Initial) GEORGE R GREGORY		Date of Receipt
	Mailing Address 722 COLUMBINE LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2009
	City	State	Zip Code
	GRAND PRAIRIE	TX	75052-6313
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.112148
Name of Employer VOUGHT AIRCRAFT INDUSTRIES		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.00	<input type="text"/> 108.00

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE R GREGORY		Date of Receipt
	Mailing Address 722 COLUMBINE LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 28 / 2009
	City	State	Zip Code
	GRAND PRAIRIE	TX	75052-6313
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.113658
Name of Employer VOUGHT AIRCRAFT INDUSTRIES		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 624.00	<input type="text"/> 48.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 312.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 167 / 585  
(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)  
GEORGE R GREGORY

Mailing Address 722 COLUMBINE LN

City State Zip Code  
GRAND PRAIRIE TX 75052-6313

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

Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.113134

Amount of Each Receipt this Period  
48.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHELLE GRIGSBY

Mailing Address 17531 ASBURY PARK

City State Zip Code  
DETROIT MI 48235

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.114228

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
DEBORAH J GROSS

Mailing Address 771 MAPLE LN

City State Zip Code  
BROWNSBURG IN 46112-1707

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.110389

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **158.00**

**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 168 / 585  
(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)  
 DEBORAH J GROSS  
 Mailing Address 771 MAPLE LN  
 City State Zip Code  
 BROWNSBURG IN 46112-1707  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.114064  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
 WILLIAM B GUERRERO  
 Mailing Address 21218 HOBART  
 City State Zip Code  
 TORRANCE CA 90501-2926  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.113168  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING COMPANY FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
 WILLIAM B GUERRERO  
 Mailing Address 21218 HOBART  
 City State Zip Code  
 TORRANCE CA 90501-2926  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.114213  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING COMPANY FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 585  
(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)  
PAUL GUTHRIE

Mailing Address 1483 N COUNTY ROAD 1150 W

City State Zip Code  
KOKOMO IN 46901-8673

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.115889

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
ALBERT HAENER

Mailing Address 680 MAR VISTA

City State Zip Code  
LOS OSOS CA 93402

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  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.115420

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
ALBERT HAENER

Mailing Address 680 MAR VISTA

City State Zip Code  
LOS OSOS CA 93402

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  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.111889

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 170 / 585  
(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)  
 DONALD G HAFF JR  
 Mailing Address 8067 17 MILE RD NE  
 City CEDAR SPRINGS State MI Zip Code 49319-9550  
 Date of Receipt 07 / 08 / 2009  
**Transaction ID:** SA11AI.113761  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 210.00

**B.** Full Name (Last, First, Middle Initial)  
 CURTIS E HAIRSTON  
 Mailing Address 13950 STARDUST LN  
 City DALLAS State TX Zip Code 75234-3537  
 Date of Receipt 08 / 25 / 2009  
**Transaction ID:** SA11AI.110168  
 Amount of Each Receipt this Period 225.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 225.00

**C.** Full Name (Last, First, Middle Initial)  
 CURTIS E HAIRSTON  
 Mailing Address 13950 STARDUST LN  
 City DALLAS State TX Zip Code 75234-3537  
 Date of Receipt 12 / 07 / 2009  
**Transaction ID:** SA11AI.112805  
 Amount of Each Receipt this Period 75.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

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

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

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

FOR LINE NUMBER: PAGE 171 / 585  
(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)  
TONI R HALE

Mailing Address 10150 SE 155TH ST

City State Zip Code  
SUMMERFIELD FL 34491-5768

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

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.111517

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY L HALL

Mailing Address 549 PAULINE DRIVE

City State Zip Code  
SOUTH LEBANON OH 45065-1331

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

Name of Employer Occupation  
AMTEX, INC. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

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

**Transaction ID:** SA11AI.110438

Amount of Each Receipt this Period  
54.00

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

Mailing Address 6540 MARQUETTE

City State Zip Code  
ST. LOUIS MO 63139

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.109099

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **379.00**

**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 172 / 585  
(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)  
MICHAEL T HALLEY

Mailing Address 3658 DOVER PL.

City State Zip Code  
ST LOUIS MO 63116

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.114457

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
LEWIS HANKINS JR

Mailing Address 1010 TECUMSEH

City State Zip Code  
TOLEDO OH 43607

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.109041

Amount of Each Receipt this Period  
34.62

**C.**

Full Name (Last, First, Middle Initial)  
LEWIS HANKINS JR

Mailing Address 1010 TECUMSEH

City State Zip Code  
TOLEDO OH 43607

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

Transaction ID: SA11AI.108532

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.39**

**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 173 / 585  
(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)  
LEWIS HANKINS JR

Mailing Address 1010 TECUMSEH

City Toledo State OH Zip Code 43607

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.109672  
Amount of Each Receipt this Period: 5.77

**B.** Full Name (Last, First, Middle Initial)  
LEWIS HANKINS JR

Mailing Address 1010 TECUMSEH

City Toledo State OH Zip Code 43607

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 12 / 09 / 2009  
Transaction ID: SA11AI.108188  
Amount of Each Receipt this Period: 5.77

**C.** Full Name (Last, First, Middle Initial)  
LEWIS HANKINS JR

Mailing Address 1010 TECUMSEH

City Toledo State OH Zip Code 43607

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.11

Date of Receipt: 12 / 16 / 2009  
Transaction ID: SA11AI.108705  
Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 585  
(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)  
VAUGHN R HARBIN

Mailing Address 2088 PLUM RUN ROAD

City State Zip Code  
BARDSTOWN KY 40004

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

Transaction ID: SA11AI.109726

Amount of Each Receipt this Period  
90.00

**B.**

Full Name (Last, First, Middle Initial)  
VAUGHN R HARBIN

Mailing Address 2088 PLUM RUN ROAD

City State Zip Code  
BARDSTOWN KY 40004

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

Transaction ID: SA11AI.108929

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
JUDY HARDEN

Mailing Address 8102 SPRING ORCHARD CT

City State Zip Code  
LOUISVILLE KY 40218

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

Transaction ID: SA11AI.108498

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 585  
(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)  
JUDY HARDEN

Mailing Address 8102 SPRING ORCHARD CT

City State Zip Code  
LOUISVILLE KY 40218

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

Transaction ID: SA11AI.108992

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City State Zip Code  
INDIANAPOLIS IN 46241-1221

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.114330

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City State Zip Code  
INDIANAPOLIS IN 46241-1221

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.111773

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

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

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

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

FOR LINE NUMBER: PAGE 176 / 585  
(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)  
CECIL G HARRIS

Mailing Address 11889 WINSTON CIR

City State Zip Code  
CINCINNATI OH 45240-1539

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.113966

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
CECIL G HARRIS

Mailing Address 11889 WINSTON CIR

City State Zip Code  
CINCINNATI OH 45240-1539

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** SA11AI.112918

Amount of Each Receipt this Period  
24.00

**C.** Full Name (Last, First, Middle Initial)  
DOROTHY A HARRIS

Mailing Address 7865 NW ROANRIDGE ROAD,APT D

City State Zip Code  
KANSAS MO 64151

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** SA11AI.113842

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 204.00

**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 177 / 585

(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)  
DOROTHY A HARRIS

Mailing Address 7865 NW ROANRIDGE ROAD, APT D

City State Zip Code  
KANSAS MO 64151

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2009

Transaction ID: SA11AI.113843

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
KELLY HARRIS

Mailing Address 484 LOVELAND BRANCH HILL

City State Zip Code  
LOVELAND OH 45140

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

Name of Employer Occupation  
PHILIP MORRIS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2009

Transaction ID: SA11AI.114793

Amount of Each Receipt this Period

26.00

**C.**

Full Name (Last, First, Middle Initial)  
JAMIE HASSINGER

Mailing Address 1010 N RANDALL AVE

City State Zip Code  
JANESVILLE WI 53545-1964

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2009

Transaction ID: SA11AI.113724

Amount of Each Receipt this Period

320.00

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

446.00

**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 178 / 585  
(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)  
FRANCES HAYDEL

Mailing Address 101 MELODY DRIVE

City State Zip Code  
METAIRIE LA 70001

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

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2009

**Transaction ID:** SA11AI.114973

Amount of Each Receipt this Period  
300.00

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

Mailing Address 662 N VAN DYKE RD

City State Zip Code  
IMLAY CITY MI 48444-1171

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2009

**Transaction ID:** SA11AI.112728

Amount of Each Receipt this Period  
60.00

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

Mailing Address 662 N VAN DYKE RD

City State Zip Code  
IMLAY CITY MI 48444-1171

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA11AI.113762

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DONALD C HAYES	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address ROUTE 1, BOX 126B	<b>Transaction ID:</b> SA11AI.108151
	City State Zip Code BUNKER MO 63629-0000	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GREGORY L HAYNES	Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 5127 COUNTRY ROAD 19	<b>Transaction ID:</b> SA11AI.108240
	City State Zip Code GARRETT IN 46738-9791	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EATON CORPORATION FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) GREGORY L HAYNES	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 5127 COUNTRY ROAD 19	<b>Transaction ID:</b> SA11AI.108241
	City State Zip Code GARRETT IN 46738-9791	Amount of Each Receipt this Period 31.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EATON CORPORATION FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	66.25
<b>TOTAL</b> 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 180 / 585  
(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)  
GREGORY L HAYNES

Mailing Address 5127 COUNTRY ROAD 19

City State Zip Code  
GARRETT IN 46738-9791

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

Name of Employer Occupation  
EATON CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.75

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** SA11AI.108242

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
FREDDIE HAYNES III

Mailing Address 34672 ROSEBUD LN

City State Zip Code  
RICHMOND MI 48062-5542

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2009

**Transaction ID:** SA11AI.112795

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
FREDDIE HAYNES III

Mailing Address 34672 ROSEBUD LN

City State Zip Code  
RICHMOND MI 48062-5542

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.115299

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 181 / 585

(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)  
RONALD HENDRIX

Mailing Address 1022 JUSTUS DRIVE

City State Zip Code  
JOHNSON CITY TN 37604

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
REXROTH CORP. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 30 / 2009

**Transaction ID:** SA11AI.108989

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
JANET C HENRY

Mailing Address 3212 134TH STREET

City State Zip Code  
TOLEDO OH 43611

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 19 / 2009

**Transaction ID:** SA11AI.114362

Amount of Each Receipt this Period 62.50

**C.**

Full Name (Last, First, Middle Initial)  
JANET C HENRY

Mailing Address 3212 134TH STREET

City State Zip Code  
TOLEDO OH 43611

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 13 / 2009

**Transaction ID:** SA11AI.111808

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 387.50

**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 182 / 585  
(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)  
JANET C HENRY

Mailing Address 3212 134TH STREET

City Toledo State OH Zip Code 43611

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.114843

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
JANET C HENRY

Mailing Address 3212 134TH STREET

City Toledo State OH Zip Code 43611

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 08 / 2009

Transaction ID: SA11AI.110750

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
JANET C HENRY

Mailing Address 3212 134TH STREET

City Toledo State OH Zip Code 43611

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.115333

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 37.50

**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 183 / 585  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL HENSICK		Date of Receipt MM / DD / YYYY 10 / 14 / 2009		
	Mailing Address 400 E CYNTHIA ST		<b>Transaction ID:</b> SA11AI.109306		
	City MC LOUTH	State KS	Zip Code 66054-5209	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MSX INTERNATIONAL INC	Occupation FACTORY WORKER	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL HENSICK		Date of Receipt MM / DD / YYYY 11 / 03 / 2009		
	Mailing Address 400 E CYNTHIA ST		<b>Transaction ID:</b> SA11AI.109307		
	City MC LOUTH	State KS	Zip Code 66054-5209	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MSX INTERNATIONAL INC	Occupation FACTORY WORKER	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) FRANK HERNANDEZ		Date of Receipt MM / DD / YYYY 12 / 15 / 2009		
	Mailing Address 12117 SIERRA HWY		<b>Transaction ID:</b> SA11AI.113868		
	City SANTA CLARITA	State CA	Zip Code 91390-4701	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNITED TECHNOLOGIES CORP	Occupation FACTORY WORKER	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 184 / 585  
(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)  
GARY HICKS

Mailing Address 5704 W 18TH ST

City INDIANAPOLIS State IN Zip Code 46224-5315

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 27 / 2009  
**Transaction ID:** SA11AI.111021  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
GARY HICKS

Mailing Address 5704 W 18TH ST

City INDIANAPOLIS State IN Zip Code 46224-5315

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 ▼ 275.00

Date of Receipt: 11 / 19 / 2009  
**Transaction ID:** SA11AI.114137  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
GARY HICKS

Mailing Address 5704 W 18TH ST

City INDIANAPOLIS State IN Zip Code 46224-5315

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 22 / 2009  
**Transaction ID:** SA11AI.115098  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 185 / 585  
(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)  
LESLIE HINSHAW

Mailing Address 218 CONSTITUTION DRIVE

City State Zip Code  
MERIDIANVILLE AL 35759

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.111991

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)  
LESLIE HINSHAW

Mailing Address 218 CONSTITUTION DRIVE

City State Zip Code  
MERIDIANVILLE AL 35759

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: SA11AI.114059

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
RUTH HISE

Mailing Address PO BOX 59

City State Zip Code  
GREENVILLE TX 75403

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

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

Transaction ID: SA11AI.111134

Amount of Each Receipt this Period

1800.00

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

2100.00

**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 186 / 585  
(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)  
OMER W HOGSETT

Mailing Address 2923 N RENWOOD AVE

City State Zip Code  
PEORIA IL 61604-2245

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

Name of Employer Occupation  
CATERPILLAR INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2009

Transaction ID: SA11AI.113123

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHALE GARRETT HOGUE

Mailing Address 3950 HAZARD AVE. #D

City State Zip Code  
SANTA ANA CA 92703

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.110623

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHALE GARRETT HOGUE

Mailing Address 3950 HAZARD AVE. #D

City State Zip Code  
SANTA ANA CA 92703

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.113217

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **75.00**

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
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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 A HOLLINGSWORTH

Mailing Address 2418 PATRICK ST

City State Zip Code  
LEBANON TN 37087-5207

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

Name of Employer Occupation  
T R W FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.113587

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
CONSTANCE HOLMAN

Mailing Address 2619 NORTH PALMER

City State Zip Code  
MILWAUKEE WI 53206

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

Name of Employer Occupation  
PHILIP MORRIS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.115134

Amount of Each Receipt this Period  
72.00

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

Mailing Address PO BOX 76

City State Zip Code  
BEDFORD TX 76095

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.110099

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **397.00**

**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: (check only one)	PAGE 188 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JUNE HOLOMEK-FERNANDES	Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 2405 MURPHY DRIVE	<b>Transaction ID:</b> SA11AI.113014
	City State Zip Code BEDFORD TX 76021	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIREED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN HOLUB	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 14911 HARMAN ROAD	<b>Transaction ID:</b> SA11AI.113388
	City State Zip Code FRANKLIN OH 45005-5011	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PHILIP MORRIS FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) CAROL HOWARD	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address PO BOX 1295	<b>Transaction ID:</b> SA11AI.109828
	City State Zip Code BEDFORD IN 47421-1295	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
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 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)  
DIANA HROVATIN

Mailing Address 226 76TH STREET

City State Zip Code  
RAYMOND WI 53126

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

Name of Employer Occupation  
JOHN DEERE WATERLOO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: SA11AI.109171

Amount of Each Receipt this Period  
226.00

**B.** Full Name (Last, First, Middle Initial)  
DENNIS R HUBBARD

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 13 / 2009

Transaction ID: SA11AI.110524

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DENNIS R HUBBARD

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 08 / 2009

Transaction ID: SA11AI.111612

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 301.00

**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 190 / 585

(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)  
DANNY R HUDDLESTON

Mailing Address 5449 BARLBY DR

City State Zip Code  
INDIANAPOLIS IN 46237-8325

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.112460

Amount of Each Receipt this Period  
275.00

**B.**

Full Name (Last, First, Middle Initial)  
DANNY R HUDDLESTON

Mailing Address 5449 BARLBY DR

City State Zip Code  
INDIANAPOLIS IN 46237-8325

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 281.00

Date of Receipt

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

Transaction ID: SA11AI.110894

Amount of Each Receipt this Period  
1.00

**C.**

Full Name (Last, First, Middle Initial)  
KEVIN L HUDDLESTON

Mailing Address 224 SYCAMORE ST

City State Zip Code  
LEBANON TN 37087-2818

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

Name of Employer Occupation  
T R W FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.110764

Amount of Each Receipt this Period  
25.00

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

301.00

**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 191 / 585  
(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)  
FREDDIE L HUGHES

Mailing Address 619 WICKEN LN

City State Zip Code  
DUNCANVILLE TX 75137-2718

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.112178

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
COREY A HUMBARGER

Mailing Address 15971 COUNTY RD F

City State Zip Code  
WAUSEON OH 43567-9533

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.03

Date of Receipt

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

Transaction ID: SA11AI.114296

Amount of Each Receipt this Period

40.39

**C.**

Full Name (Last, First, Middle Initial)  
COREY A HUMBARGER

Mailing Address 15971 COUNTY RD F

City State Zip Code  
WAUSEON OH 43567-9533

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.80

Date of Receipt

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

Transaction ID: SA11AI.115269

Amount of Each Receipt this Period

5.77

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

71.16

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
COREY A HUMBARGER

Mailing Address 15971 COUNTY RD F

City WAUSEON State OH Zip Code 43567-9533

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.111213  
Amount of Each Receipt this Period: 5.77

**B.** Full Name (Last, First, Middle Initial)  
COREY A HUMBARGER

Mailing Address 15971 COUNTY RD F

City WAUSEON State OH Zip Code 43567-9533

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 12 / 09 / 2009  
Transaction ID: SA11AI.110119  
Amount of Each Receipt this Period: 5.77

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH J HUMBLES

Mailing Address 5048 COBURN AVE

City INDIANAPOLIS State IN Zip Code 46228-3048

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 07 / 2009  
Transaction ID: SA11AI.111402  
Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 86.54

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
BOBBY HUNTER  
Mailing Address 4666 ROGER LOOP  
City PULASKI State VA Zip Code 24301-5468  
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 ▼ 225.00  
Date of Receipt 10 / 19 / 2009  
Transaction ID: SA11AI.115461  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
BOBBY HUNTER  
Mailing Address 4666 ROGER LOOP  
City PULASKI State VA Zip Code 24301-5468  
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 ▼ 250.00  
Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.111401  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
FRANK INMAN  
Mailing Address 7095 PECAN HILL DRIVE  
City SOUTHAVERN State MS Zip Code 38671  
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 07 / 24 / 2009  
Transaction ID: SA11AI.110003  
Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
NEAL JAMESON

Mailing Address 4351 N. PASADENA

City State Zip Code  
INDIANAPOLIS IN 46226-3690

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID:** SA11AI.115078

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
NEAL JAMESON

Mailing Address 4351 N. PASADENA

City State Zip Code  
INDIANAPOLIS IN 46226-3690

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 01 / 2009

**Transaction ID:** SA11AI.112551

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4351 N. PASADENA

City State Zip Code  
INDIANAPOLIS IN 46226-3690

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2009

**Transaction ID:** SA11AI.111532

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

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

Use separate schedule(s)  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
NEAL JAMESON

Mailing Address 4351 N. PASADENA

City State Zip Code  
INDIANAPOLIS IN 46226-3690

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** SA11AI.113070

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
NEAL JAMESON

Mailing Address 4351 N. PASADENA

City State Zip Code  
INDIANAPOLIS IN 46226-3690

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.112552

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
PETER L JEREMY

Mailing Address 111 CLARK ST

City State Zip Code  
HOLLAND OH 43528-8766

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

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

**Transaction ID:** SA11AI.110299

Amount of Each Receipt this Period  
40.39

**SUBTOTAL** of Receipts This Page (optional) ..... ► 190.39

**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  
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(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)  
PETER L JEREMY

Mailing Address 111 CLARK ST

City State Zip Code  
HOLLAND OH 43528-8766

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 19 / 2009

**Transaction ID:** SA11AI.111388

Amount of Each Receipt this Period  
5.77

**B.** Full Name (Last, First, Middle Initial)  
PETER L JEREMY

Mailing Address 111 CLARK ST

City State Zip Code  
HOLLAND OH 43528-8766

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 08 / 2009

**Transaction ID:** SA11AI.114463

Amount of Each Receipt this Period  
5.77

**C.** Full Name (Last, First, Middle Initial)  
PETER L JEREMY

Mailing Address 111 CLARK ST

City State Zip Code  
HOLLAND OH 43528-8766

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 09 / 2009

**Transaction ID:** SA11AI.111389

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **17.31**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 197 / 585  
(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)  
PETER L JEREMY

Mailing Address 111 CLARK ST

City State Zip Code  
HOLLAND OH 43528-8766

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.114951

Amount of Each Receipt this Period

5.77

**B.**

Full Name (Last, First, Middle Initial)  
ALLEN E JOHNSON

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.109941

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
ALLEN E JOHNSON

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.109787

Amount of Each Receipt this Period

25.00

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

80.77

**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 198 / 585  
(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)  
 LATASHA JOHNSON  
 Mailing Address 2129 BRAEBURN PKWY  
 City INDIANAPOLIS State IN Zip Code 46219-2547  
 Date of Receipt: 10 / 27 / 2009  
 Transaction ID: SA11AI.109214  
 Amount of Each Receipt this Period: 25.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: GENERAL MOTORS CORPORATION Occupation: FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 225.00

**B.** Full Name (Last, First, Middle Initial)  
 LATASHA JOHNSON  
 Mailing Address 2129 BRAEBURN PKWY  
 City INDIANAPOLIS State IN Zip Code 46219-2547  
 Date of Receipt: 11 / 19 / 2009  
 Transaction ID: SA11AI.108697  
 Amount of Each Receipt this Period: 50.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: GENERAL MOTORS CORPORATION Occupation: FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 275.00

**C.** Full Name (Last, First, Middle Initial)  
 LATASHA JOHNSON  
 Mailing Address 2129 BRAEBURN PKWY  
 City INDIANAPOLIS State IN Zip Code 46219-2547  
 Date of Receipt: 12 / 22 / 2009  
 Transaction ID: SA11AI.108880  
 Amount of Each Receipt this Period: 25.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: GENERAL MOTORS CORPORATION Occupation: FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 300.00

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

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

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

FOR LINE NUMBER: PAGE 199 / 585  
(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)  
NORAH L JOHNSON

Mailing Address 2505 TAFT AVE SW

City State Zip Code  
GRAND RAPIDS MI 49509-2265

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.113805

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
RACHELLE JOHNSON

Mailing Address 1330 BROOKVIEW DRIVE  
APT. 6

City State Zip Code  
TOLEDO OH 43615-7529

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.108440

Amount of Each Receipt this Period  
40.39

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

Mailing Address 1330 BROOKVIEW DRIVE  
APT. 6

City State Zip Code  
TOLEDO OH 43615-7529

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

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.109126

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 196.16

**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 200 / 585  
(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)  
RACHELLE JOHNSON

Mailing Address 1330 BROOKVIEW DRIVE  
APT. 6

City Toledo State OH Zip Code 43615-7529

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt 12 / 08 / 2009

Transaction ID: SA11AI.108604

Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
RACHELLE JOHNSON

Mailing Address 1330 BROOKVIEW DRIVE  
APT. 6

City Toledo State OH Zip Code 43615-7529

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt 12 / 09 / 2009

Transaction ID: SA11AI.109284

Amount of Each Receipt this Period 5.77

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

Mailing Address 1330 BROOKVIEW DRIVE  
APT. 6

City Toledo State OH Zip Code 43615-7529

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.11

Date of Receipt 12 / 16 / 2009

Transaction ID: SA11AI.109127

Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

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

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

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

FOR LINE NUMBER: PAGE 201 / 585  
(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)  
WANDA J JOHNSON

Mailing Address 2675 GUNCKEL BLVD.

City Toledo State OH Zip Code 43606-3724

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2009

Transaction ID: SA11AI.112442

Amount of Each Receipt this Period 62.50

**B.** Full Name (Last, First, Middle Initial)  
WANDA J JOHNSON

Mailing Address 2675 GUNCKEL BLVD.

City Toledo State OH Zip Code 43606-3724

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.113447

Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
WANDA J JOHNSON

Mailing Address 2675 GUNCKEL BLVD.

City Toledo State OH Zip Code 43606-3724

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.115447

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 202 / 585

(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)  
WANDA J JOHNSON

Mailing Address 2675 GUNCKEL BLVD.

City State Zip Code  
TOLEDO OH 43606-3724

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.113986

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)  
WANDA J JOHNSON

Mailing Address 2675 GUNCKEL BLVD.

City State Zip Code  
TOLEDO OH 43606-3724

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.50

Date of Receipt

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

Transaction ID: SA11AI.115448

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)  
MARVIN JOHNSON SR

Mailing Address 3521 PARK LODGE CT APT A APT A

City State Zip Code  
INDIANAPOLIS IN 46205-1673

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

Name of Employer  
NAVISTAR INTERNATIONAL CO-  
RP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.111817

Amount of Each Receipt this Period

50.00

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

75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 203 / 585  
(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)  
CHARLENE JONES

Mailing Address 5451 MCNAMARA LN

City State Zip Code  
FLINT MI 48506-2280

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.28

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** SA11AI.113888

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
TAMMY J JONES

Mailing Address 21520 DEQUINDRE

City State Zip Code  
WARREN MI 48091

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 693.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** SA11AI.113884

Amount of Each Receipt this Period  
297.00

**C.**

Full Name (Last, First, Middle Initial)  
TAMMY J JONES

Mailing Address 21520 DEQUINDRE

City State Zip Code  
WARREN MI 48091

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.111305

Amount of Each Receipt this Period  
99.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **421.00**

**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 204 / 585  
(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)  
TAMMY J JONES

Mailing Address 21520 DEQUINDRE

City State Zip Code  
WARREN MI 48091

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 891.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.110771

Amount of Each Receipt this Period  
99.00

**B.**

Full Name (Last, First, Middle Initial)  
GARY B JORDAN

Mailing Address 4024 TOLLGATE RD

City State Zip Code  
BATAVIA OH 45103-3334

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.110018

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
GARY B JORDAN

Mailing Address 4024 TOLLGATE RD

City State Zip Code  
BATAVIA OH 45103-3334

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

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

Transaction ID: SA11AI.114673

Amount of Each Receipt this Period  
24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **153.00**

**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 205 / 585  
(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)  
KEN JORDAN  
Mailing Address BOX 6197  
City FORT WORTH State TX Zip Code 76115-0197  
FEC ID number of contributing federal political committee. **C**  
Name of Employer REYNOLDS METAL Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 07 / 2009  
Transaction ID: SA11AI.113079  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM B JUDGE  
Mailing Address 12018 SUMMER AVE.  
City LOS ANGELES State CA Zip Code 90650  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOEING COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.112484  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM B JUDGE  
Mailing Address 12018 SUMMER AVE.  
City LOS ANGELES State CA Zip Code 90650  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOEING COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.111987  
Amount of Each Receipt this Period 25.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 206 / 585

(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)  
JEFFREY A JUDSON

Mailing Address 7903 SOUTHINGTON DRIVE

City State Zip Code  
CLEVELAND OH 44129-4931

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** SA11AI.110528

Amount of Each Receipt this Period 75.00

**B.**

Full Name (Last, First, Middle Initial)  
JEFFREY A JUDSON

Mailing Address 7903 SOUTHINGTON DRIVE

City State Zip Code  
CLEVELAND OH 44129-4931

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID:** SA11AI.114646

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
JEFFREY A JUDSON

Mailing Address 7903 SOUTHINGTON DRIVE

City State Zip Code  
CLEVELAND OH 44129-4931

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
10 / 19 / 2009

**Transaction ID:** SA11AI.113654

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 125.00

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

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

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

FOR LINE NUMBER: PAGE 207 / 585  
(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)  
GLENN H KAGE JR  
 Mailing Address 1154 SAPPINGTON BRIDGE RD  
 City State Zip Code  
 SULLIVAN MO 63080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 9  
**Transaction ID:** SA11AI.113811  
 Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
GLENN H KAGE JR  
 Mailing Address 1154 SAPPINGTON BRIDGE RD  
 City State Zip Code  
 SULLIVAN MO 63080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 7 / 2 0 0 9  
**Transaction ID:** SA11AI.113280  
 Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
ALVIN KAPUS  
 Mailing Address 35 LOCH LEE  
 City State Zip Code  
 BUFFALO NY 14221-4933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GENERAL MOTORS CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.110175  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 / 585
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) GENE KEENUM		Date of Receipt MM / DD / YYYY 08 / 21 / 2009		
	Mailing Address 3819 PIPER BAY COVE		<b>Transaction ID:</b> SA11AI.108659		
	City <b>LAKELAND</b>	State TN	Zip Code 38002	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation <b>RETIRED</b> Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) DONNA KEFALAS		Date of Receipt MM / DD / YYYY 10 / 28 / 2009		
	Mailing Address 2175 BE DARO DR, S		<b>Transaction ID:</b> SA11AI.110272		
	City <b>WILLIAMSPORT</b>	State PA	Zip Code 17702-6861	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer TEXTRON Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation <b>FACTORY WORKER</b> Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) KENT KEMMERER		Date of Receipt MM / DD / YYYY 10 / 30 / 2009		
	Mailing Address 1974 LARRY JEFFERS RD.		<b>Transaction ID:</b> SA11AI.109311		
	City <b>ELGIN</b>	State SC	Zip Code 29045-9430	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer VOLVO (AB) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation <b>FACTORY WORKER</b> Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> 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 209 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 6950 PARKE DR

City AVON State IN Zip Code 46123-8125

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 ▼ 225.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.110326  
 Amount of Each Receipt this Period: 50.00

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

Mailing Address 6950 PARKE DR

City AVON State IN Zip Code 46123-8125

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: 12 / 08 / 2009  
**Transaction ID:** SA11AI.114971  
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 2261 ST LOUIS AVE UNIT 102

City SIGNAL HILL State CA Zip Code 90755-3707

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

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 10 / 15 / 2009  
**Transaction ID:** SA11AI.113001  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 210 / 585  
(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)  
RAMONA KENNEDY

Mailing Address 2261 ST LOUIS AVE UNIT 102

City State Zip Code  
SIGNAL HILL CA 90755-3707

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

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

**Transaction ID:** SA11AI.114523

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
RAMONA KENNEDY

Mailing Address 2261 ST LOUIS AVE UNIT 102

City State Zip Code  
SIGNAL HILL CA 90755-3707

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

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

**Transaction ID:** SA11AI.114052

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2261 ST LOUIS AVE UNIT 102

City State Zip Code  
SIGNAL HILL CA 90755-3707

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

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.110926

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 211 / 585  
(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)  
BLAINE KENNEDY JR  
Mailing Address 1130 CASTLE OAK DR  
City STOCKTON State CA Zip Code 95210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UAW LOCAL UNION Occupation LOCAL UNION OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 27 / 2009  
Transaction ID: SA11AI.109188  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY KENNERLY  
Mailing Address 9674 BLACKWELDER RD.  
City FORT MILL State SC Zip Code 29707-8035  
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 ▼ 225.00  
Date of Receipt 10 / 30 / 2009  
Transaction ID: SA11AI.110148  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
MICHELLE T KERR  
Mailing Address 4134 N LOCKWOOD AVENUE  
City TOLEDO State OH Zip Code 46312-1745  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 08 / 2009  
Transaction ID: SA11AI.115813  
Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 212 / 585  
(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)  
MICHELLE T KERR

Mailing Address 4134 N LOCKWOOD AVENUE

City Toledo State OH Zip Code 46312-1745

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY 09 / 15 / 2009

**Transaction ID:** SA11AI.115888

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
MICHELLE T KERR

Mailing Address 4134 N LOCKWOOD AVENUE

City Toledo State OH Zip Code 46312-1745

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 09 / 23 / 2009

**Transaction ID:** SA11AI.115792

Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
MICHELLE T KERR

Mailing Address 4134 N LOCKWOOD AVENUE

City Toledo State OH Zip Code 46312-1745

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY 09 / 29 / 2009

**Transaction ID:** SA11AI.115701

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 213 / 585  
(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)  
MICHELLE T KERR

Mailing Address 4134 N LOCKWOOD AVENUE

City State Zip Code  
TOLEDO OH 46312-1745

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt

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

Transaction ID: SA11AI.115680

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHELLE T KERR

Mailing Address 4134 N LOCKWOOD AVENUE

City State Zip Code  
TOLEDO OH 46312-1745

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.115778

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHELLE T KERR

Mailing Address 4134 N LOCKWOOD AVENUE

City State Zip Code  
TOLEDO OH 46312-1745

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

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt

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

Transaction ID: SA11AI.115793

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 214 / 585  
(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)  
MICHELLE T KERR  
 Mailing Address 4134 N LOCKWOOD AVENUE  
 City Toledo State OH Zip Code 46312-1745  
 Date of Receipt 11 / 19 / 2009  
 Transaction ID: SA11AI.115838  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 575.00

**B.** Full Name (Last, First, Middle Initial)  
MICHELLE T KERR  
 Mailing Address 4134 N LOCKWOOD AVENUE  
 City Toledo State OH Zip Code 46312-1745  
 Date of Receipt 12 / 08 / 2009  
 Transaction ID: SA11AI.115814  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 600.00

**C.** Full Name (Last, First, Middle Initial)  
MICHELLE T KERR  
 Mailing Address 4134 N LOCKWOOD AVENUE  
 City Toledo State OH Zip Code 46312-1745  
 Date of Receipt 12 / 11 / 2009  
 Transaction ID: SA11AI.115744  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 625.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 215 / 585  
(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)  
BRYAN KESSINGER

Mailing Address 9838 S DOGWOOD VALLEY RD

City State Zip Code  
HARDINSBURG IN 47125-8964

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.114545

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
DEBI KIRCHNER

Mailing Address 1165 PARKLANE CIR

City State Zip Code  
GRAND BLANC MI 48439-8053

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

Name of Employer Occupation  
UAW LOCAL UNION 598 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

Transaction ID: SA11AI.114909

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
DEBI KIRCHNER

Mailing Address 1165 PARKLANE CIR

City State Zip Code  
GRAND BLANC MI 48439-8053

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

Name of Employer Occupation  
UAW LOCAL UNION 598 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.113405

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 585  
(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)  
DEBI KIRCHNER

Mailing Address 1165 PARKLANE CIR

City GRAND BLANC State MI Zip Code 48439-8053

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL UNION 598 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 09 / 28 / 2009  
Transaction ID: SA11AI.114908  
Amount of Each Receipt this Period: 5.00

**B.**

Full Name (Last, First, Middle Initial)  
DEBI KIRCHNER

Mailing Address 1165 PARKLANE CIR

City GRAND BLANC State MI Zip Code 48439-8053

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL UNION 598 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt: 10 / 15 / 2009  
Transaction ID: SA11AI.114910  
Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
DEBI KIRCHNER

Mailing Address 1165 PARKLANE CIR

City GRAND BLANC State MI Zip Code 48439-8053

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL UNION 598 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 11 / 04 / 2009  
Transaction ID: SA11AI.114911  
Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 65.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 585  
(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 KISER  
 Mailing Address PO BOX 485  
 City State Zip Code  
 THOMASVILLE NC 27361-0485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CHRYSLER LLC FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9  
**Transaction ID:** SA11AI.113067  
 Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
 LARRY D KITSON  
 Mailing Address 1771 County Rd 15  
 City State Zip Code  
 Mt Home AZ 72653-6293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 7 / 2 0 0 9  
**Transaction ID:** SA11AI.111192  
 Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
 RICK KLINGENBERG  
 Mailing Address 11605 LIV 224  
 City State Zip Code  
 CHILLICOTHE MO 64601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LEAR CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 245.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 2 / 2 0 0 9  
**Transaction ID:** SA11AI.108414  
 Amount of Each Receipt this Period  
 245.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 570.00  
**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 218 / 585

(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)  
BRUCE KLINGSHIRN

Mailing Address 9233 CHRISTY RD #164

City State Zip Code  
DEFIANCE OH 43512-9615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DEFIANCE PRECISION PRODUCTS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.113753

Amount of Each Receipt this Period  
24.00

**B.**

Full Name (Last, First, Middle Initial)  
LARRY KOHENSKY

Mailing Address 18 FIRELY

City State Zip Code  
TROY MO 63379

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  
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.113890

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
TAMMY KOLEFF

Mailing Address PO BOX 80654

City State Zip Code  
TOLEDO OH 43608-0654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CENTER TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.110855

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional) .....

386.50

**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 219 / 585

(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)  
TAMMY KOLEFF

Mailing Address PO BOX 80654

City Toledo State OH Zip Code 43608-0654

FEC ID number of contributing federal political committee. C

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.114959

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
TAMMY KOLEFF

Mailing Address PO BOX 80654

City Toledo State OH Zip Code 43608-0654

FEC ID number of contributing federal political committee. C

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.111922

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
TAMMY KOLEFF

Mailing Address PO BOX 80654

City Toledo State OH Zip Code 43608-0654

FEC ID number of contributing federal political committee. C

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.114960

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... 50.00

**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 220 / 585  
(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)  
TAMMY KOLEFF

Mailing Address PO BOX 80654

City Toledo State OH Zip Code 43608-0654

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 11 / 2009

Transaction ID: SA11AI.113987

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER P KOS

Mailing Address 6108 317TH ST.

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.114084

Amount of Each Receipt this Period 34.62

**C.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER P KOS

Mailing Address 6108 317TH ST.

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.111494

Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 52.89

**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 221 / 585  
(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)  
CHRISTOPHER P KOS

Mailing Address 6108 317TH ST.

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt MM / DD / YYYY 12 / 08 / 2009

Transaction ID: SA11AI.112514

Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER P KOS

Mailing Address 6108 317TH ST.

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt MM / DD / YYYY 12 / 09 / 2009

Transaction ID: SA11AI.113558

Amount of Each Receipt this Period 5.77

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER P KOS

Mailing Address 6108 317TH ST.

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.11

Date of Receipt MM / DD / YYYY 12 / 16 / 2009

Transaction ID: SA11AI.110414

Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 585

(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)  
THOMAS A KOSE

Mailing Address 3968 BASIL WESTERN RD.

City State Zip Code  
BALTIMORE OH 43105-9605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ROCKWELL INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.112627

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS A KOSE

Mailing Address 3968 BASIL WESTERN RD.

City State Zip Code  
BALTIMORE OH 43105-9605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ROCKWELL INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.115133

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
TAMI KOWALSKI

Mailing Address 1960 BARROWS STREET

City State Zip Code  
TOLEDO OH 43613-4502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.109928

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

112.50

**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 223 / 585  
(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)  
TAMI KOWALSKI

Mailing Address 1960 BARROWS STREET

City Toledo State OH Zip Code 43613-4502

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.108312  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
TAMI KOWALSKI

Mailing Address 1960 BARROWS STREET

City Toledo State OH Zip Code 43613-4502

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 19 / 2009  
Transaction ID: SA11AI.108969  
Amount of Each Receipt this Period 12.50

**C.** Full Name (Last, First, Middle Initial)  
TAMI KOWALSKI

Mailing Address 1960 BARROWS STREET

City Toledo State OH Zip Code 43613-4502

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.109305  
Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 50.00

**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 224 / 585  
(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) TAMI KOWALSKI		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 1960 BARROWS STREET		<b>Transaction ID:</b> SA11AI.108970
City TOLEDO	State OH	Zip Code 43613-4502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.50
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

**B.**

Full Name (Last, First, Middle Initial) ROGER A KRAUSE		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 4545 ALLENTOWN RD		<b>Transaction ID:</b> SA11AI.109173
City ELIDA	State OH	Zip Code 45807
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer GENERAL DYNAMICS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) STEVEN W KRUG		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address 10329 W 750 S		<b>Transaction ID:</b> SA11AI.113461
City KNIGHTSTOWN	State IN	Zip Code 46148
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>537.50</b>
<b>TOTAL</b> 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 225 / 585  
(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)  
STEVEN W KRUG

Mailing Address 10329 W 750 S

City State Zip Code  
KNIGHTSTOWN IN 46148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.114966

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
JASON K KRZYSIK

Mailing Address 55 WELLESLEY DR

City State Zip Code  
PLEASANT RIDGE MI 48069-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.110950

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
JASON K KRZYSIK

Mailing Address 55 WELLESLEY DR

City State Zip Code  
PLEASANT RIDGE MI 48069-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.115037

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **155.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 585  
(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)  
LOIS KUGELMASS

Mailing Address 1021 AMBERWOOD RD

City State Zip Code  
SACRAMENTO CA 95864-5044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CALIFORNIA STATE EMPLOYEES CLERK  
ASC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** SA11AI.111672

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
DENNIS KUHN

Mailing Address 4008 67TH AVE

City State Zip Code  
PINELLAS PARK FL 33781-6107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RAYTHEON COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.50

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2009

**Transaction ID:** SA11AI.115462

Amount of Each Receipt this Period  
30.50

**C.** Full Name (Last, First, Middle Initial)  
DENNIS KUHN

Mailing Address 4008 67TH AVE

City State Zip Code  
PINELLAS PARK FL 33781-6107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RAYTHEON COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.50

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

**Transaction ID:** SA11AI.113457

Amount of Each Receipt this Period  
61.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **116.50**

**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 227 / 585  
(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)  
MICHAEL R KUMMERER

Mailing Address 16 MEADOW LN

City BECHTELSVILLE State PA Zip Code 19505-9720

FEC ID number of contributing federal political committee. **C**

Name of Employer DANA CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 10 / 28 / 2009  
**Transaction ID:** SA11AI.113462  
 Amount of Each Receipt this Period: 24.00

**B.** Full Name (Last, First, Middle Initial)  
MARK KUNDRICK

Mailing Address 2060 DUNWOODIE ST

City ORTONVILLE State MI Zip Code 48462-8556

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: 10 / 02 / 2009  
**Transaction ID:** SA11AI.110466  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
HANK LACAYO

Mailing Address 3403 BEAR CREEK DR

City NEWBURY PARK State CA Zip Code 91320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID:** SA11AI.109797  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 624.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 585

(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)  
TOM LADD

Mailing Address 508 44TH AVENUE EAST Q-15

City State Zip Code  
BRANDENTON FL 34203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2009

Transaction ID: SA11AI.108988

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLA LAMB

Mailing Address 706 INDEPENDENCE

City State Zip Code  
TOLEDO OH 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL  
CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2009

Transaction ID: SA11AI.115119

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)  
WILLA LAMB

Mailing Address 706 INDEPENDENCE

City State Zip Code  
TOLEDO OH 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL  
CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2009

Transaction ID: SA11AI.110508

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

387.50

**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 229 / 585  
(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)  
WILLA LAMB

Mailing Address 706 INDEPENDENCE

City Toledo State OH Zip Code 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 19 / 2009

Transaction ID: SA11AI.115120

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
WILLA LAMB

Mailing Address 706 INDEPENDENCE

City Toledo State OH Zip Code 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 08 / 2009

Transaction ID: SA11AI.111591

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
WILLA LAMB

Mailing Address 706 INDEPENDENCE

City Toledo State OH Zip Code 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt: 12 / 11 / 2009

Transaction ID: SA11AI.112131

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 37.50

**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 230 / 585  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
ELAINE LANTZ

Mailing Address 818 ELSBETH ST

City State Zip Code  
DALLAS TX 75208-4224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEGAL SERVICES FOR NEW YORK CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2009

Transaction ID: SA11AI.109328

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
NICHOLAS LAROSA

Mailing Address S-4603 MORGAN PWKY

City State Zip Code  
HAMBURG NY 14075-3122

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  
MM / DD / YYYY  
08 / 25 / 2009

Transaction ID: SA11AI.108577

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
DARIN K LAUGHTON

Mailing Address 1292 CARPATHIAN WAY

City State Zip Code  
CLIO MI 48420-2146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2009

Transaction ID: SA11AI.109466

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 231 / 585  
(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)  
DARIN K LAUGHTON

Mailing Address 1292 CARPATHIAN WAY

City State Zip Code  
CLIO MI 48420-2146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2009

Transaction ID: SA11AI.109467

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
BONNIE J LAURIA

Mailing Address 3913 MAES RD

City State Zip Code  
WEST BRANCH MI 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  
08 / 26 / 2009

Transaction ID: SA11AI.115721

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
HARLEY O LAWS

Mailing Address 5671 COUNTY ROAD C

City State Zip Code  
DELTA OH 43515-9627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.03

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2009

Transaction ID: SA11AI.108714

Amount of Each Receipt this Period  
40.39

**SUBTOTAL** of Receipts This Page (optional) .....

400.39

**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 232 / 585  
(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)  
HARLEY O LAWS

Mailing Address 5671 COUNTY ROAD C

City DELTA State OH Zip Code 43515-9627

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 11 / 19 / 2009  
Transaction ID: SA11AI.109226  
Amount of Each Receipt this Period: 5.77

**B.** Full Name (Last, First, Middle Initial)  
HARLEY O LAWS

Mailing Address 5671 COUNTY ROAD C

City DELTA State OH Zip Code 43515-9627

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.109227  
Amount of Each Receipt this Period: 5.77

**C.** Full Name (Last, First, Middle Initial)  
HARLEY O LAWS

Mailing Address 5671 COUNTY ROAD C

City DELTA State OH Zip Code 43515-9627

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 12 / 09 / 2009  
Transaction ID: SA11AI.109512  
Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 585  
(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)  
 HARLEY O LAWS  
 Mailing Address 5671 COUNTY ROAD C  
 City DELTA State OH Zip Code 43515-9627  
 Date of Receipt MM / DD / YYYY 12 / 16 / 2009  
 Transaction ID: SA11AI.108194  
 Amount of Each Receipt this Period 5.77  
 FEC ID number of contributing federal political committee. C  
 Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.11

**B.** Full Name (Last, First, Middle Initial)  
 HARLEY O LAWS IV  
 Mailing Address 836 MC KINLEY  
 City TOLEDO State OH Zip Code 43605  
 Date of Receipt MM / DD / YYYY 09 / 24 / 2009  
 Transaction ID: SA11AI.109366  
 Amount of Each Receipt this Period 5.77  
 FEC ID number of contributing federal political committee. C  
 Name of Employer JOHNSON CONTROLS, INC. Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.63

**C.** Full Name (Last, First, Middle Initial)  
 HARLEY O LAWS IV  
 Mailing Address 836 MC KINLEY  
 City TOLEDO State OH Zip Code 43605  
 Date of Receipt MM / DD / YYYY 09 / 29 / 2009  
 Transaction ID: SA11AI.108708  
 Amount of Each Receipt this Period 28.85  
 FEC ID number of contributing federal political committee. C  
 Name of Employer JOHNSON CONTROLS, INC. Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.48

**SUBTOTAL** of Receipts This Page (optional) ..... ► 40.39  
**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: (check only one)	PAGE 234 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) HARLEY O LAWS IV		Date of Receipt
	Mailing Address 836 MC KINLEY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 15 / 2009
	City	State	Zip Code
	TOLEDO	OH	43605
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.109224
Name of Employer JOHNSON CONTROLS, INC.		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 259.33	<input type="text"/> 28.85

<b>B.</b>	Full Name (Last, First, Middle Initial) HARLEY O LAWS IV		Date of Receipt
	Mailing Address 836 MC KINLEY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 19 / 2009
	City	State	Zip Code
	TOLEDO	OH	43605
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.108191
Name of Employer JOHNSON CONTROLS, INC.		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 282.41	<input type="text"/> 23.08

<b>C.</b>	Full Name (Last, First, Middle Initial) HARLEY O LAWS IV		Date of Receipt
	Mailing Address 836 MC KINLEY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 13 / 2009
	City	State	Zip Code
	TOLEDO	OH	43605
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.109367
Name of Employer JOHNSON CONTROLS, INC.		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 317.03	<input type="text"/> 34.62

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 86.55
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 585  
(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)  
HARLEY O LAWS IV

Mailing Address 836 MC KINLEY

City Toledo State OH Zip Code 43605

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS, INC. Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.80

Date of Receipt: 11 / 19 / 2009

Transaction ID: SA11AI.109043

Amount of Each Receipt this Period: 5.77

**B.**

Full Name (Last, First, Middle Initial)  
HARLEY O LAWS IV

Mailing Address 836 MC KINLEY

City Toledo State OH Zip Code 43605

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS, INC. Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 328.57

Date of Receipt: 12 / 08 / 2009

Transaction ID: SA11AI.109044

Amount of Each Receipt this Period: 5.77

**C.**

Full Name (Last, First, Middle Initial)  
HARLEY O LAWS IV

Mailing Address 836 MC KINLEY

City Toledo State OH Zip Code 43605

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS, INC. Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 334.34

Date of Receipt: 12 / 09 / 2009

Transaction ID: SA11AI.108887

Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 585  
(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)  
**HARLEY O LAWS IV**

Mailing Address **836 MC KINLEY**

City **TOLEDO** State **OH** Zip Code **43605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JOHNSON CONTROLS, INC.** Occupation **FACTORY WORKER**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.11**

Date of Receipt **12 / 16 / 2009**

**Transaction ID: SA11AI.108709**

Amount of Each Receipt this Period **5.77**

**B.**

Full Name (Last, First, Middle Initial)  
**SANDRA LAWSON**

Mailing Address **2010 WELKER**

City **TOLEDO** State **OH** Zip Code **43613**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ST VINCENT MERCY MEDICAL CEN** Occupation **TECHNICIAN**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **10 / 19 / 2009**

**Transaction ID: SA11AI.108912**

Amount of Each Receipt this Period **62.50**

**C.**

Full Name (Last, First, Middle Initial)  
**SANDRA LAWSON**

Mailing Address **2010 WELKER**

City **TOLEDO** State **OH** Zip Code **43613**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ST VINCENT MERCY MEDICAL CEN** Occupation **TECHNICIAN**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 13 / 2009**

**Transaction ID: SA11AI.109536**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **93.27**

**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 237 / 585

(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)  
SANDRA LAWSON

Mailing Address 2010 WELKER

City State Zip Code  
TOLEDO OH 43613

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.108562

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)  
SANDRA LAWSON

Mailing Address 2010 WELKER

City State Zip Code  
TOLEDO OH 43613

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.109249

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)  
SANDRA LAWSON

Mailing Address 2010 WELKER

City State Zip Code  
TOLEDO OH 43613

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.109537

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

37.50

**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 238 / 585  
(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)  
KAYLA LEAMY  
Mailing Address 227 SOUTH MAIN ST.  
City LINDSEY State OH Zip Code 43442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UAW LOCAL UNION Occupation LOCAL UNION OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 02 / 2009  
Transaction ID: SA11AI.109479  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
BARBARA A LEE  
Mailing Address 317 FERRIS AVENUE  
City TOLEDO State OH Zip Code 43608-1746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 19 / 2009  
Transaction ID: SA11AI.112186  
Amount of Each Receipt this Period 62.50

**C.** Full Name (Last, First, Middle Initial)  
BARBARA A LEE  
Mailing Address 317 FERRIS AVENUE  
City TOLEDO State OH Zip Code 43608-1746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.110572  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.50  
**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: (check only one)	PAGE 239 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) BARBARA A LEE		Date of Receipt
	Mailing Address 317 FERRIS AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2009
	City	State	Zip Code
	TOLEDO	OH	43608-1746
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.115167
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 262.50	<input type="text"/> 12.50

<b>B.</b>	Full Name (Last, First, Middle Initial) BARBARA A LEE		Date of Receipt
	Mailing Address 317 FERRIS AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 08 / 2009
	City	State	Zip Code
	TOLEDO	OH	43608-1746
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.112187
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 12.50

<b>C.</b>	Full Name (Last, First, Middle Initial) BARBARA A LEE		Date of Receipt
	Mailing Address 317 FERRIS AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 11 / 2009
	City	State	Zip Code
	TOLEDO	OH	43608-1746
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.114687
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 287.50	<input type="text"/> 12.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 37.50
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 585  
(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)  
SHARON H LEE

Mailing Address 3340 MAHER STREET

City Toledo State OH Zip Code 43608-1655

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2009

Transaction ID: SA11AI.112059

Amount of Each Receipt this Period 62.50

**B.**

Full Name (Last, First, Middle Initial)  
SHARON H LEE

Mailing Address 3340 MAHER STREET

City Toledo State OH Zip Code 43608-1655

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.113581

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
SHARON H LEE

Mailing Address 3340 MAHER STREET

City Toledo State OH Zip Code 43608-1655

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.112538

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 100.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) SHARON H LEE		Date of Receipt	
	Mailing Address 3340 MAHER STREET		M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.112060
	TOLEDO	OH	43608-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		12.50	
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		275.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) SHARON H LEE		Date of Receipt	
	Mailing Address 3340 MAHER STREET		M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.113582
	TOLEDO	OH	43608-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		12.50	
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		287.50		

<b>C.</b>	Full Name (Last, First, Middle Initial) JULIE LEINDECKER		Date of Receipt	
	Mailing Address 857 BLACKHAWK BLVD		M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.114383
	SOUTH BELOIT	IL	61080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		378.00	
Name of Employer UNITED TECHNOLOGIES CORP		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		378.00		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**403.00**

**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 242 / 585  
(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 Leiss  
 Mailing Address 2240 Sondor PI  
 City State Zip Code  
 Bethlehem PA 18017  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 7 / 2 0 0 9  
**Transaction ID:** SA11AI.110579  
 Amount of Each Receipt this Period  
 35.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VISTEON CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

**B.** Full Name (Last, First, Middle Initial)  
 Robert Leiss  
 Mailing Address 2240 Sondor PI  
 City State Zip Code  
 Bethlehem PA 18017  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 9  
**Transaction ID:** SA11AI.110036  
 Amount of Each Receipt this Period  
 35.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VISTEON CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 245.00

**C.** Full Name (Last, First, Middle Initial)  
 Robert Leiss  
 Mailing Address 2240 Sondor PI  
 City State Zip Code  
 Bethlehem PA 18017  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 9  
**Transaction ID:** SA11AI.112193  
 Amount of Each Receipt this Period  
 35.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VISTEON CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 280.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 585  
(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 LEYLAND II		Date of Receipt MM / DD / YYYY 10 / 07 / 2009
Mailing Address 188 PORTMAN RD		<b>Transaction ID:</b> SA11AI.113103
City BUTLER	State PA	Zip Code 16002-9103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer AK STEEL	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) WILLIAM LEYLAND II		Date of Receipt MM / DD / YYYY 10 / 27 / 2009
Mailing Address 188 PORTMAN RD		<b>Transaction ID:</b> SA11AI.114149
City BUTLER	State PA	Zip Code 16002-9103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer AK STEEL	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) WILLIAM LEYLAND II		Date of Receipt MM / DD / YYYY 10 / 28 / 2009
Mailing Address 188 PORTMAN RD		<b>Transaction ID:</b> SA11AI.114150
City BUTLER	State PA	Zip Code 16002-9103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer AK STEEL	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 244 / 585  
(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)  
STEVEN R LIPSKI

Mailing Address 7134 S 38TH ST

City FRANKLIN State WI Zip Code 53132-9478

FEC ID number of contributing federal political committee. **C**

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt: 10 / 15 / 2009  
**Transaction ID: SA11AI.113401**  
 Amount of Each Receipt this Period: 32.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN R LIPSKI

Mailing Address 7134 S 38TH ST

City FRANKLIN State WI Zip Code 53132-9478

FEC ID number of contributing federal political committee. **C**

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt: 10 / 19 / 2009  
**Transaction ID: SA11AI.113937**  
 Amount of Each Receipt this Period: 32.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN R LIPSKI

Mailing Address 7134 S 38TH ST

City FRANKLIN State WI Zip Code 53132-9478

FEC ID number of contributing federal political committee. **C**

Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID: SA11AI.111357**  
 Amount of Each Receipt this Period: 48.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.00

**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 245 / 585  
(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)  
STEVEN R LIPSKI  
Mailing Address 7134 S 38TH ST  
City FRANKLIN State WI Zip Code 53132-9478  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00  
Date of Receipt 11 / 19 / 2009  
Transaction ID: SA11AI.112884  
Amount of Each Receipt this Period 8.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN R LIPSKI  
Mailing Address 7134 S 38TH ST  
City FRANKLIN State WI Zip Code 53132-9478  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 328.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.113938  
Amount of Each Receipt this Period 16.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN R LIPSKI  
Mailing Address 7134 S 38TH ST  
City FRANKLIN State WI Zip Code 53132-9478  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 336.00  
Date of Receipt 12 / 11 / 2009  
Transaction ID: SA11AI.112397  
Amount of Each Receipt this Period 8.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 32.00  
**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 246 / 585  
(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)  
ALVIN D LLOYD SR  
Mailing Address 7712 TRAPPE RD  
City BALTIMORE State MD Zip Code 21224-3402  
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 07 / 24 / 2009  
Transaction ID: SA11AI.109318  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
LARRY LOCKWOOD  
Mailing Address 4 E BACON ST  
City HILLSDALE State MI Zip Code 49242-1616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation ARVINMERITOR, INC FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 206.25  
Date of Receipt 10 / 15 / 2009  
Transaction ID: SA11AI.111032  
Amount of Each Receipt this Period 43.75

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH LOERA  
Mailing Address 16411 GRAYVILLE DR  
City LA MIRADA State CA Zip Code 90638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation BOEING COMPANY FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.113055  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 368.75  
**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 247 / 585  
(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)  
 JOSEPH LOERA  
 Mailing Address 16411 GRAYVILLE DR  
 City State Zip Code  
 LA MIRADA CA 90638  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.110976  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING COMPANY FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
 GERRY LOGAN  
 Mailing Address 215 BAXTER AVE  
 City State Zip Code  
 CINCINNATI OH 45220-1354  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.110669  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GENERAL ELECTRIC FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 222.00

**C.** Full Name (Last, First, Middle Initial)  
 GERRY LOGAN  
 Mailing Address 215 BAXTER AVE  
 City State Zip Code  
 CINCINNATI OH 45220-1354  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 9  
**Transaction ID:** SA11AI.110117  
 Amount of Each Receipt this Period  
 24.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GENERAL ELECTRIC FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 246.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 79.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 585  
(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)  
AUGUSTINE C LOHMEYER

Mailing Address 6029 SEAMAN STREET

City State Zip Code  
OREGON OH 43616-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.110906

Amount of Each Receipt this Period  
40.39

**B.** Full Name (Last, First, Middle Initial)  
AUGUSTINE C LOHMEYER

Mailing Address 6029 SEAMAN STREET

City State Zip Code  
OREGON OH 43616-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.110907

Amount of Each Receipt this Period  
5.77

**C.** Full Name (Last, First, Middle Initial)  
AUGUSTINE C LOHMEYER

Mailing Address 6029 SEAMAN STREET

City State Zip Code  
OREGON OH 43616-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.110908

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.93

**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 249 / 585

(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)  
AUGUSTINE C LOHMEYER

Mailing Address 6029 SEAMAN STREET

City State Zip Code  
OREGON OH 43616-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.114507

Amount of Each Receipt this Period

5.77

**B.**

Full Name (Last, First, Middle Initial)  
AUGUSTINE C LOHMEYER

Mailing Address 6029 SEAMAN STREET

City State Zip Code  
OREGON OH 43616-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.11

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.115497

Amount of Each Receipt this Period

5.77

**C.**

Full Name (Last, First, Middle Initial)  
N LOMBINO

Mailing Address 12314 HIGH MEADOW DR

City State Zip Code  
DALLAS TX 75234-7952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.111781

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

236.54

**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 250 / 585

(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)  
N LOMBINO

Mailing Address 12314 HIGH MEADOW DR

City State Zip Code  
DALLAS TX 75234-7952

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NAVISTAR INTERNATIONAL CO-  
RP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2009

Transaction ID: SA11AI.114336

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT C LOWE

Mailing Address 7340 VIRGINIA AVE

City State Zip Code  
KANSAS CITY MO 64131-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer  
GENERAL MOTORS CORPORATION

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2009

Transaction ID: SA11AI.113320

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
HAROLD LUGRAND

Mailing Address 504 ANGELINA DR.

City State Zip Code  
ARLINGTON TX 76018-2257

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 11 / 2009

Transaction ID: SA11AI.108931

Amount of Each Receipt this Period

132.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

257.00

**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 251 / 585

(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)  
HAROLD LUGRAND

Mailing Address 504 ANGELINA DR.

City State Zip Code  
ARLINGTON TX 76018-2257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 258.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2009

Transaction ID: SA11AI.109102

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
HAROLD LUGRAND

Mailing Address 504 ANGELINA DR.

City State Zip Code  
ARLINGTON TX 76018-2257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 282.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2009

Transaction ID: SA11AI.109405

Amount of Each Receipt this Period  
24.00

**C.**

Full Name (Last, First, Middle Initial)  
HAROLD LUGRAND

Mailing Address 504 ANGELINA DR.

City State Zip Code  
ARLINGTON TX 76018-2257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2009

Transaction ID: SA11AI.109406

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 585  
(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)  
MICHAEL LUNA

Mailing Address 116 MAPLEVIEW DR

City State Zip Code  
CHARLOTTE MI 48813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RYDER SYSTEMS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

Transaction ID: SA11AI.114232

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
ERIN LYONS

Mailing Address 4619 288TH ST

City State Zip Code  
TOLEDO OH 43611-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

Transaction ID: SA11AI.113930

Amount of Each Receipt this Period  
62.50

**C.**

Full Name (Last, First, Middle Initial)  
ERIN LYONS

Mailing Address 4619 288TH ST

City State Zip Code  
TOLEDO OH 43611-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.113397

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **587.50**

**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 253 / 585  
(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)  
ERIN LYONS

Mailing Address 4619 288TH ST

City State Zip Code  
TOLEDO OH 43611-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	0	9

Transaction ID: SA11AI.113931

Amount of Each Receipt this Period

12.50
-------

**B.**

Full Name (Last, First, Middle Initial)  
ERIN LYONS

Mailing Address 4619 288TH ST

City State Zip Code  
TOLEDO OH 43611-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	9

Transaction ID: SA11AI.112394

Amount of Each Receipt this Period

12.50
-------

**C.**

Full Name (Last, First, Middle Initial)  
ERIN LYONS

Mailing Address 4619 288TH ST

City State Zip Code  
TOLEDO OH 43611-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: SA11AI.114902

Amount of Each Receipt this Period

12.50
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

37.50
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 585  
(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)  
THOMAS L MAPLES

Mailing Address P.O. BOX 456

City State Zip Code  
CRANE MO 65633-0456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 393.50

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

Transaction ID: SA11AI.110562

Amount of Each Receipt this Period  
42.50

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL L MARALDO

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.112197

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL L MARALDO

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.115181

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **117.50**

**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 255 / 585  
(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)  
MICHAEL MARLIN

Mailing Address 6811 PULLTIGHT HILL RD

City State Zip Code  
COLLEGE GROVE TN 37046-9226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VISTEON CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

Transaction ID: SA11AI.112253

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
RONALD MARSH

Mailing Address 6728 W 150 S

City State Zip Code  
MORGANTOWN IN 46160-8441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

Transaction ID: SA11AI.108981

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
RONALD MARSH

Mailing Address 6728 W 150 S

City State Zip Code  
MORGANTOWN IN 46160-8441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.108648

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 585  
(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)  
HOMER W MARSHALL

Mailing Address 1016 HEATHERFIELD AVE

City ROSAMOND State CA Zip Code 93560-6612

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 07 / 23 / 2009  
**Transaction ID: SA11AI.115453**  
 Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
HOMER W MARSHALL

Mailing Address 1016 HEATHERFIELD AVE

City ROSAMOND State CA Zip Code 93560-6612

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 24 / 2009  
**Transaction ID: SA11AI.111926**  
 Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
HOMER W MARSHALL

Mailing Address 1016 HEATHERFIELD AVE

City ROSAMOND State CA Zip Code 93560-6612

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 08 / 20 / 2009  
**Transaction ID: SA11AI.114475**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 585  
(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)  
HOMER W MARSHALL

Mailing Address 1016 HEATHERFIELD AVE

City ROSAMOND State CA Zip Code 93560-6612

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 15 / 2009  
**Transaction ID: SA11AI.113994**  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
HOMER W MARSHALL

Mailing Address 1016 HEATHERFIELD AVE

City ROSAMOND State CA Zip Code 93560-6612

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 09 / 25 / 2009  
**Transaction ID: SA11AI.110860**  
 Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
HOMER W MARSHALL

Mailing Address 1016 HEATHERFIELD AVE

City ROSAMOND State CA Zip Code 93560-6612

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 10 / 06 / 2009  
**Transaction ID: SA11AI.111927**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) HOMER W MARSHALL		Date of Receipt																					
	Mailing Address 1016 HEATHERFIELD AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	4		2	0	0	9														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.111928																					
ROSAMOND	CA	93560-6612	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	25.00																					
Name of Employer BOEING COMPANY		Occupation FACTORY WORKER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	475.00																					

<b>B.</b>	Full Name (Last, First, Middle Initial) HOMER W MARSHALL		Date of Receipt																					
	Mailing Address 1016 HEATHERFIELD AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	0	9														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.110861																					
ROSAMOND	CA	93560-6612	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	25.00																					
Name of Employer BOEING COMPANY		Occupation FACTORY WORKER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) ALFREDO MARTINEZ		Date of Receipt																					
	Mailing Address 2426 LOYCE 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>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	7		2	0	0	9														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.113078																					
MESQUITE	TX	75149-1229	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	75.00																					
Name of Employer NAVISTAR INTERNATIONAL CO- RP		Occupation FACTORY WORKER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	275.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> 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 259 / 585  
(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)  
BALTAZAR MARTINEZ

Mailing Address 802 S BRAND BLVD

City State Zip Code  
SAN FERNANDO CA 91340-4204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2009

**Transaction ID:** SA11AI.111067

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLOTTE MASSERANT

Mailing Address 4448 288TH ST

City State Zip Code  
TOLEDO OH 43611-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL  
CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

**Transaction ID:** SA11AI.112395

Amount of Each Receipt this Period  
62.50

**C.** Full Name (Last, First, Middle Initial)  
CHARLOTTE MASSERANT

Mailing Address 4448 288TH ST

City State Zip Code  
TOLEDO OH 43611-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL  
CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.111353

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **387.50**

**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 260 / 585  
(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)  
CHARLOTTE MASSERANT  
Mailing Address 4448 288TH ST

City Toledo State OH Zip Code 43611-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 19 / 2009  
Transaction ID: SA11AI.110811  
Amount of Each Receipt this Period: 12.50

**B.** Full Name (Last, First, Middle Initial)  
CHARLOTTE MASSERANT  
Mailing Address 4448 288TH ST

City Toledo State OH Zip Code 43611-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.111873  
Amount of Each Receipt this Period: 12.50

**C.** Full Name (Last, First, Middle Initial)  
CHARLOTTE MASSERANT  
Mailing Address 4448 288TH ST

City Toledo State OH Zip Code 43611-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt: 12 / 11 / 2009  
Transaction ID: SA11AI.112882  
Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 37.50

**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 261 / 585  
(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)  
NICHOLAS MATHIEU

Mailing Address 239 S MAIN ST

City State Zip Code  
KENT CITY MI 49330-9701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FEDERAL MOGUL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.109553

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
SHARON MAXCY

Mailing Address 6043 CURSON DRIVE

City State Zip Code  
TOLEDO OH 43612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CENTR TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

**Transaction ID:** SA11AI.110752

Amount of Each Receipt this Period  
62.50

**C.** Full Name (Last, First, Middle Initial)  
SHARON MAXCY

Mailing Address 6043 CURSON DRIVE

City State Zip Code  
TOLEDO OH 43612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CENTR TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.111291

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **112.50**

**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 262 / 585  
(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)  
 SHARON MAXCY  
 Mailing Address 6043 CURSON DRIVE  
 City Toledo State OH Zip Code 43612  
 Date of Receipt 11 / 19 / 2009  
 Transaction ID: SA11AI.110198  
 Amount of Each Receipt this Period 12.50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 262.50

**B.** Full Name (Last, First, Middle Initial)  
 SHARON MAXCY  
 Mailing Address 6043 CURSON DRIVE  
 City Toledo State OH Zip Code 43612  
 Date of Receipt 12 / 08 / 2009  
 Transaction ID: SA11AI.112344  
 Amount of Each Receipt this Period 12.50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 275.00

**C.** Full Name (Last, First, Middle Initial)  
 SHARON MAXCY  
 Mailing Address 6043 CURSON DRIVE  
 City Toledo State OH Zip Code 43612  
 Date of Receipt 12 / 11 / 2009  
 Transaction ID: SA11AI.110753  
 Amount of Each Receipt this Period 12.50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 287.50

**SUBTOTAL** of Receipts This Page (optional) ..... 37.50  
**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 263 / 585  
(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)  
EDWARD E MAY

Mailing Address 8192 E OUTER DRIVE

City State Zip Code  
DETROIT MI 48213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** SA11AI.108987

Amount of Each Receipt this Period  
180.00

**B.** Full Name (Last, First, Middle Initial)  
EDWARD E MAY

Mailing Address 8192 E OUTER DRIVE

City State Zip Code  
DETROIT MI 48213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.108332

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
EDWARD E MAY

Mailing Address 8192 E OUTER DRIVE

City State Zip Code  
DETROIT MI 48213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.108496

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 585  
(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)  
STEPHEN MAYFIELD

Mailing Address 1462 FOX CT

City State Zip Code  
MANDEVILLE LA 70448-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATION  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.112836

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
STEPHEN MAYFIELD

Mailing Address 1462 FOX CT

City State Zip Code  
MANDEVILLE LA 70448-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATION  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.111813

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN MAYFIELD

Mailing Address 1462 FOX CT

City State Zip Code  
MANDEVILLE LA 70448-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATION  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.113339

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 585  
(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)  
SANDY S MCALLISTER

Mailing Address 213 LAUREL CREEK DR.

City BESSEMER CITY State NC Zip Code 28016-8598

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 ▼ 225.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID:** SA11AI.109772  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
HODY S MCBRYAR

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.113950  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
HODY S MCBRYAR

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: 12 / 08 / 2009  
**Transaction ID:** SA11AI.113951  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES MCCANN		Date of Receipt																					
	Mailing Address 6607 JEFFERS RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	3	/	2	0	0	9														
	City State Zip Code SWANTON OH 43558-9141		<b>Transaction ID:</b> SA11AI.113914																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.03		<table border="1"> <tr> <td colspan="10">34.62</td> </tr> </table>		34.62																				
34.62																								

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES MCCANN		Date of Receipt																					
	Mailing Address 6607 JEFFERS RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	0	9														
	City State Zip Code SWANTON OH 43558-9141		<b>Transaction ID:</b> SA11AI.112374																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.80		<table border="1"> <tr> <td colspan="10">5.77</td> </tr> </table>		5.77																				
5.77																								

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES MCCANN		Date of Receipt																					
	Mailing Address 6607 JEFFERS RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	8	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	0	8	/	2	0	0	9														
	City State Zip Code SWANTON OH 43558-9141		<b>Transaction ID:</b> SA11AI.113375																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 236.57		<table border="1"> <tr> <td colspan="10">5.77</td> </tr> </table>		5.77																				
5.77																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>46.16</td></tr></table>	46.16
46.16			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
JAMES MCCANN  
Mailing Address 6607 JEFFERS RD  
City SWANTON State OH Zip Code 43558-9141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34  
Date of Receipt 12 / 09 / 2009  
Transaction ID: SA11AI.115371  
Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
JAMES MCCANN  
Mailing Address 6607 JEFFERS RD  
City SWANTON State OH Zip Code 43558-9141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.11  
Date of Receipt 12 / 16 / 2009  
Transaction ID: SA11AI.113915  
Amount of Each Receipt this Period 5.77

**C.** Full Name (Last, First, Middle Initial)  
JACKIE MCCARTY  
Mailing Address 761 WILD ROSE LN  
City GREENWOOD State IN Zip Code 46142-7705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 27 / 2009  
Transaction ID: SA11AI.114501  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 36.54  
**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 268 / 585  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
JACKIE MCCARTY

Mailing Address 761 WILD ROSE LN

City State Zip Code  
GREENWOOD IN 46142-7705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

Transaction ID: SA11AI.110900

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
JACKIE MCCARTY

Mailing Address 761 WILD ROSE LN

City State Zip Code  
GREENWOOD IN 46142-7705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2009

Transaction ID: SA11AI.114502

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
LATONYA MCDONALD

Mailing Address 153 CAROL LN

City State Zip Code  
TOLEDO OH 43615-6020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

Transaction ID: SA11AI.114369

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **137.50**

**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 269 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) LATONYA MCDONALD		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 153 CAROL LN		<b>Transaction ID:</b> SA11AI.110205		
	City TOLEDO	State OH	Zip Code 43615-6020	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 237.50		
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) LATONYA MCDONALD		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 153 CAROL LN		<b>Transaction ID:</b> SA11AI.110761		
	City TOLEDO	State OH	Zip Code 43615-6020	Amount of Each Receipt this Period 12.50	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) LATONYA MCDONALD		Date of Receipt MM / DD / YYYY 12 / 08 / 2009		
	Mailing Address 153 CAROL LN		<b>Transaction ID:</b> SA11AI.110206		
	City TOLEDO	State OH	Zip Code 43615-6020	Amount of Each Receipt this Period 12.50	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 262.50		
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**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 270 / 585  
(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)  
 LATONYA MCDONALD  
 Mailing Address 153 CAROL LN  
 City Toledo State OH Zip Code 43615-6020  
 Date of Receipt 12 / 11 / 2009  
 Transaction ID: SA11AI.113340  
 Amount of Each Receipt this Period 12.50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 275.00

**B.** Full Name (Last, First, Middle Initial)  
 JEANEEN MC GINNIS  
 Mailing Address 9110 CAMILLE DR., SE  
 City Huntsville State AL Zip Code 35802-3420  
 Date of Receipt 10 / 30 / 2009  
 Transaction ID: SA11AI.113120  
 Amount of Each Receipt this Period 75.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SIEMENS AG Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 250.00

**C.** Full Name (Last, First, Middle Initial)  
 D L MCGREEVY  
 Mailing Address 17109 E 49TH TER S  
 City Independence State MO Zip Code 64055-6310  
 Date of Receipt 07 / 06 / 2009  
 Transaction ID: SA11AI.109742  
 Amount of Each Receipt this Period 106.00  
 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 265.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 193.50  
**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 271 / 585  
(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)  
D L MCGREEVY

Mailing Address 17109 E 49TH TER S

City INDEPENDENCE State MO Zip Code 64055-6310

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 ▼ 371.00

Date of Receipt: 07 / 31 / 2009  
**Transaction ID:** SA11AI.108949  
 Amount of Each Receipt this Period: 106.00

**B.**

Full Name (Last, First, Middle Initial)  
D L MCGREEVY

Mailing Address 17109 E 49TH TER S

City INDEPENDENCE State MO Zip Code 64055-6310

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 ▼ 424.00

Date of Receipt: 10 / 01 / 2009  
**Transaction ID:** SA11AI.108280  
 Amount of Each Receipt this Period: 53.00

**C.**

Full Name (Last, First, Middle Initial)  
D L MCGREEVY

Mailing Address 17109 E 49TH TER S

City INDEPENDENCE State MO Zip Code 64055-6310

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 ▼ 477.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.109424  
 Amount of Each Receipt this Period: 53.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 212.00

**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 272 / 585  
(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)  
D L MCGREEVY

Mailing Address 17109 E 49TH TER S

City State Zip Code  
INDEPENDENCE MO 64055-6310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.109282

Amount of Each Receipt this Period  
53.00

**B.** Full Name (Last, First, Middle Initial)  
WESLEY S MC LAUGHLIN

Mailing Address 2212 N. 250 E. LOT # 18

City State Zip Code  
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.115000

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
WESLEY S MC LAUGHLIN

Mailing Address 2212 N. 250 E. LOT # 18

City State Zip Code  
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.111442

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **153.00**

**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 273 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
JAMES MCLEOD  
Mailing Address 2612 JULIANNE DR  
City SAGINAW State MI Zip Code 48603-3029  
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 10 / 02 / 2009  
Transaction ID: SA11AI.115748  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
JERRY MCLIMANS  
Mailing Address 8725 GLENROCK DR  
City NEW HAVEN State IN Zip Code 46774-1820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 31 / 2009  
Transaction ID: SA11AI.114670  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
YALONDA MC MILLAN  
Mailing Address 2205 PIPELINE RD APT. 8308  
City CLEBURNE State TX Zip Code 76033-8806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00  
Date of Receipt 08 / 11 / 2009  
Transaction ID: SA11AI.110716  
Amount of Each Receipt this Period 132.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 482.00  
**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 274 / 585  
(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) YALONDA MC MILLAN		Date of Receipt MM / DD / YYYY 09 / 09 / 2009
Mailing Address 2205 PIPELINE RD APT. 8308		<b>Transaction ID:</b> SA11AI.114340
City CLEBURNE	State TX	Zip Code 76033-8806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer LOCKHEED MARTIN CORPORATI- ON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00	

**B.**

Full Name (Last, First, Middle Initial) YALONDA MC MILLAN		Date of Receipt MM / DD / YYYY 10 / 27 / 2009
Mailing Address 2205 PIPELINE RD APT. 8308		<b>Transaction ID:</b> SA11AI.110171
City CLEBURNE	State TX	Zip Code 76033-8806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.00
Name of Employer LOCKHEED MARTIN CORPORATI- ON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.00	

**C.**

Full Name (Last, First, Middle Initial) YALONDA MC MILLAN		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address 2205 PIPELINE RD APT. 8308		<b>Transaction ID:</b> SA11AI.110172
City CLEBURNE	State TX	Zip Code 76033-8806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer LOCKHEED MARTIN CORPORATI- ON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.00
<b>TOTAL</b> 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 275 / 585  
(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 MCPHERSON JR  
 Mailing Address 803 E PEARL ST  
 City State Zip Code  
 BUTLER PA 16001-5015  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 9  
**Transaction ID:** SA11AI.113476  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A K STEEL CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**B.** Full Name (Last, First, Middle Initial)  
 RICHARD MCPHERSON JR  
 Mailing Address 803 E PEARL ST  
 City State Zip Code  
 BUTLER PA 16001-5015  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 9  
**Transaction ID:** SA11AI.111943  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A K STEEL CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
 RICHARD MCPHERSON JR  
 Mailing Address 803 E PEARL ST  
 City State Zip Code  
 BUTLER PA 16001-5015  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 9  
**Transaction ID:** SA11AI.112960  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A K STEEL CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 585  
(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)  
CHRISTOPHER MCTAGGART

Mailing Address 3915 N PENNSYLVANIA ST

City INDIANAPOLIS State IN Zip Code 46205-2653

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 ▼ 210.00

Date of Receipt: 09 / 24 / 2009  
**Transaction ID: SA11AI.112861**  
 Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER MCTAGGART

Mailing Address 3915 N PENNSYLVANIA ST

City INDIANAPOLIS State IN Zip Code 46205-2653

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 ▼ 245.00

Date of Receipt: 10 / 05 / 2009  
**Transaction ID: SA11AI.114872**  
 Amount of Each Receipt this Period: 35.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER MCTAGGART

Mailing Address 3915 N PENNSYLVANIA ST

City INDIANAPOLIS State IN Zip Code 46205-2653

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 ▼ 280.00

Date of Receipt: 10 / 15 / 2009  
**Transaction ID: SA11AI.114392**  
 Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 585  
(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)  
CHRISTOPHER MCTAGGART

Mailing Address 3915 N PENNSYLVANIA ST

City INDIANAPOLIS State IN Zip Code 46205-2653

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 ▼ 315.00

Date of Receipt: 10 / 27 / 2009  
Transaction ID: SA11AI.114393  
Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER MCTAGGART

Mailing Address 3915 N PENNSYLVANIA ST

City INDIANAPOLIS State IN Zip Code 46205-2653

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 ▼ 385.00

Date of Receipt: 11 / 19 / 2009  
Transaction ID: SA11AI.114873  
Amount of Each Receipt this Period: 70.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER MCTAGGART

Mailing Address 3915 N PENNSYLVANIA ST

City INDIANAPOLIS State IN Zip Code 46205-2653

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 ▼ 420.00

Date of Receipt: 12 / 22 / 2009  
Transaction ID: SA11AI.111837  
Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 585  
(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)  
TINA MCVICKER

Mailing Address 1730 SCHOMBERG ST

City Toledo State OH Zip Code 43605-3727

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2009

Transaction ID: SA11AI.109864

Amount of Each Receipt this Period 62.50

**B.**

Full Name (Last, First, Middle Initial)  
TINA MCVICKER

Mailing Address 1730 SCHOMBERG ST

City Toledo State OH Zip Code 43605-3727

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.109865

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
TINA MCVICKER

Mailing Address 1730 SCHOMBERG ST

City Toledo State OH Zip Code 43605-3727

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.109078

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 585  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) TINA MCVICKER		Date of Receipt MM / DD / YYYY 12 / 08 / 2009		
	Mailing Address 1730 SCHOMBERG ST		<b>Transaction ID:</b> SA11AI.109251		
	City TOLEDO	State OH	Zip Code 43605-3727	Amount of Each Receipt this Period 12.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	Aggregate Year-to-Date 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) TINA MCVICKER		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 1730 SCHOMBERG ST		<b>Transaction ID:</b> SA11AI.109707		
	City TOLEDO	State OH	Zip Code 43605-3727	Amount of Each Receipt this Period 12.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	Aggregate Year-to-Date 287.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) HAROLD MCWILLIAMS		Date of Receipt MM / DD / YYYY 11 / 02 / 2009		
	Mailing Address 2007 OAKWOOD		<b>Transaction ID:</b> SA11AI.109010		
	City TOLEDO	State OH	Zip Code 43607	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UAW LOCAL UNION	Occupation LOCAL UNION OFFICER	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> 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 280 / 585  
(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)  
GORDON MEADORS

Mailing Address 35190 LAURENT RD

City State Zip Code  
SLIDELL LA 70460-3640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.108316

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES MELSON

Mailing Address 1042 HIGHLAND ESTATES D

City State Zip Code  
WENTZVILLE MO 63385

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

Transaction ID: SA11AI.113093

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
A MEMMO

Mailing Address 9715 LAKESHORE RD

City State Zip Code  
ANGOLA NY 14006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

Transaction ID: SA11AI.109175

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 585  
(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)  
A MEMMO

Mailing Address 9715 LAKESHORE RD

City State Zip Code  
ANGOLA NY 14006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

Transaction ID: SA11AI.109792

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN MERKLE

Mailing Address 9002 DEER POINT DR

City State Zip Code  
NEWAYGO MI 49337-9250

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  
MM / DD / YYYY  
11 / 02 / 2009

Transaction ID: SA11AI.115637

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD H MERREN, JR.

Mailing Address 3915 E PONTIAC ST

City State Zip Code  
FORT WAYNE IN 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 ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.115313

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 585  
(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)  
WILLIE MIDDLEBROOK

Mailing Address 10100 LOVE CT

City CINCINNATI State OH Zip Code 45215-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL ELECTRIC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID: SA11AI.111085**  
Amount of Each Receipt this Period: 30.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIE MIDDLEBROOK

Mailing Address 10100 LOVE CT

City CINCINNATI State OH Zip Code 45215-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL ELECTRIC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID: SA11AI.111636**  
Amount of Each Receipt this Period: 24.00

**C.**

Full Name (Last, First, Middle Initial)  
AUDA MILLER

Mailing Address 1247 HEDGE COCK RD

City HIGH POINT State NC Zip Code 27265-1768

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 ▼ 225.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID: SA11AI.114218**  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 79.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 / 585		
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) KAREN MILLER	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address 6032 ONWAY DR	<b>Transaction ID:</b> SA11AI.108741
	City State Zip Code OTTAWA LAKE MI 49267-8606	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST VINCENT MERCY MEDICAL CENTR TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KAREN MILLER	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 6032 ONWAY DR	<b>Transaction ID:</b> SA11AI.108913
	City State Zip Code OTTAWA LAKE MI 49267-8606	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST VINCENT MERCY MEDICAL CENTR TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KAREN MILLER	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 6032 ONWAY DR	<b>Transaction ID:</b> SA11AI.108742
	City State Zip Code OTTAWA LAKE MI 49267-8606	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST VINCENT MERCY MEDICAL CENTR TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> 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 284 / 585

(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)  
KAREN MILLER

Mailing Address 6032 ONWAY DR

City State Zip Code  
OTTAWA LAKE MI 49267-8606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.109081

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)  
KAREN MILLER

Mailing Address 6032 ONWAY DR

City State Zip Code  
OTTAWA LAKE MI 49267-8606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 287.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.109708

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)  
MAURICE MILLER

Mailing Address 1109 KOHLER MILL RD.

City State Zip Code  
NEW OXFORD PA 17350-9241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHARTER PLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.109165

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**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 285 / 585  
(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)  
PETER MILLER  
 Mailing Address 4335 BERWICK AVE  
 City Toledo State OH Zip Code 43612-1555  
 Date of Receipt: MM / DD / YYYY = 10 / 19 / 2009  
**Transaction ID:** SA11AI.113702  
 Amount of Each Receipt this Period: 62.50  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: ST VINCENT MERCY MEDICAL CEN Occupation: TECHNICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 225.00

**B.** Full Name (Last, First, Middle Initial)  
PETER MILLER  
 Mailing Address 4335 BERWICK AVE  
 City Toledo State OH Zip Code 43612-1555  
 Date of Receipt: MM / DD / YYYY = 11 / 13 / 2009  
**Transaction ID:** SA11AI.111111  
 Amount of Each Receipt this Period: 25.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: ST VINCENT MERCY MEDICAL CEN Occupation: TECHNICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 250.00

**C.** Full Name (Last, First, Middle Initial)  
PETER MILLER  
 Mailing Address 4335 BERWICK AVE  
 City Toledo State OH Zip Code 43612-1555  
 Date of Receipt: MM / DD / YYYY = 11 / 19 / 2009  
**Transaction ID:** SA11AI.112669  
 Amount of Each Receipt this Period: 12.50  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: ST VINCENT MERCY MEDICAL CEN Occupation: TECHNICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 262.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 585

(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)  
PETER MILLER

Mailing Address 4335 BERWICK AVE

City Toledo State OH Zip Code 43612-1555

FEC ID number of contributing federal political committee. C

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.115168

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
PETER MILLER

Mailing Address 4335 BERWICK AVE

City Toledo State OH Zip Code 43612-1555

FEC ID number of contributing federal political committee. C

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt MM / DD / YYYY  
12 / 11 / 2009

Transaction ID: SA11AI.111652

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
TRACY MILLER

Mailing Address 179 BRAKEFIELD DR

City JANESVILLE State WI Zip Code 53546-2244

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 ▼ 410.00

Date of Receipt MM / DD / YYYY  
10 / 22 / 2009

Transaction ID: SA11AI.112057

Amount of Each Receipt this Period 410.00

**SUBTOTAL** of Receipts This Page (optional) ..... 435.00

**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 287 / 585  
(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)  
THERESA M MILLHOUSE  
 Mailing Address 1417 PROSPECT AVENUE  
 City Toledo State OH Zip Code 43606-4749  
 Date of Receipt 10 / 19 / 2009  
 Transaction ID: SA11AI.113116  
 Amount of Each Receipt this Period 62.50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 225.00

**B.** Full Name (Last, First, Middle Initial)  
THERESA M MILLHOUSE  
 Mailing Address 1417 PROSPECT AVENUE  
 City Toledo State OH Zip Code 43606-4749  
 Date of Receipt 11 / 13 / 2009  
 Transaction ID: SA11AI.113638  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 250.00

**C.** Full Name (Last, First, Middle Initial)  
THERESA M MILLHOUSE  
 Mailing Address 1417 PROSPECT AVENUE  
 City Toledo State OH Zip Code 43606-4749  
 Date of Receipt 11 / 19 / 2009  
 Transaction ID: SA11AI.113117  
 Amount of Each Receipt this Period 12.50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 262.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 100.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 585  
(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)  
THERESA M MILLHOUSE

Mailing Address 1417 PROSPECT AVENUE

City Toledo State OH Zip Code 43606-4749

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY 12 / 08 / 2009

Transaction ID: SA11AI.113639

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
THERESA M MILLHOUSE

Mailing Address 1417 PROSPECT AVENUE

City Toledo State OH Zip Code 43606-4749

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt MM / DD / YYYY 12 / 11 / 2009

Transaction ID: SA11AI.109975

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
LLOYD MILLIRON

Mailing Address 1844 GRANDVIEW DR.

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer PPG INDUSTRIES Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt MM / DD / YYYY 09 / 16 / 2009

Transaction ID: SA11AI.111187

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.00

**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 289 / 585  
(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)  
LLOYD MILLIRON

Mailing Address 1844 GRANDVIEW DR.

City State Zip Code  
MARION OH 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer PPG INDUSTRIES 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  
09 / 23 / 2009

**Transaction ID:** SA11AI.112733

Amount of Each Receipt this Period  
24.00

**B.** Full Name (Last, First, Middle Initial)  
LLOYD MILLIRON

Mailing Address 1844 GRANDVIEW DR.

City State Zip Code  
MARION OH 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer PPG INDUSTRIES Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 12 / 2009

**Transaction ID:** SA11AI.111188

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
LLOYD MILLIRON

Mailing Address 1844 GRANDVIEW DR.

City State Zip Code  
MARION OH 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer PPG INDUSTRIES Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 23 / 2009

**Transaction ID:** SA11AI.112734

Amount of Each Receipt this Period  
24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **78.00**

**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 290 / 585  
(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)  
LLOYD MILLIRON

Mailing Address 1844 GRANDVIEW DR.

City MARION State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer PPG INDUSTRIES Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt: 11 / 24 / 2009

Transaction ID: SA11AI.110636

Amount of Each Receipt this Period: 30.00

**B.**

Full Name (Last, First, Middle Initial)  
WALTER R MILLS

Mailing Address 24250 JEROME ST

City OAK PARK State MI Zip Code 48237-1612

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 ▼ 220.00

Date of Receipt: 08 / 12 / 2009

Transaction ID: SA11AI.115742

Amount of Each Receipt this Period: 220.00

**C.**

Full Name (Last, First, Middle Initial)  
MARIA MINKOWSKI

Mailing Address 232 FERRIS AVE

City TOLEDO State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 19 / 2009

Transaction ID: SA11AI.113705

Amount of Each Receipt this Period: 62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 312.50

**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 291 / 585  
(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)  
MARIA MINKOWSKI

Mailing Address 232 FERRIS AVE

City Toledo State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2009

Transaction ID: SA11AI.110574

Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
MARIA MINKOWSKI

Mailing Address 232 FERRIS AVE

City Toledo State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 19 / 2009

Transaction ID: SA11AI.113174

Amount of Each Receipt this Period: 12.50

**C.**

Full Name (Last, First, Middle Initial)  
MARIA MINKOWSKI

Mailing Address 232 FERRIS AVE

City Toledo State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 08 / 2009

Transaction ID: SA11AI.110030

Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 292 / 585  
(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)  
MARIA MINKOWSKI

Mailing Address 232 FERRIS AVE

City Toledo State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt: 12 / 11 / 2009  
Transaction ID: SA11AI.114216  
Amount of Each Receipt this Period: 12.50

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN A MITCHELL

Mailing Address 12521 N ENGLEWOOD CT

City DUNLAP State IL Zip Code 61525-9548

FEC ID number of contributing federal political committee. **C**

Name of Employer CATERPILLAR INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 13 / 2009  
Transaction ID: SA11AI.110190  
Amount of Each Receipt this Period: 30.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN A MITCHELL

Mailing Address 12521 N ENGLEWOOD CT

City DUNLAP State IL Zip Code 61525-9548

FEC ID number of contributing federal political committee. **C**

Name of Employer CATERPILLAR INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 15 / 2009  
Transaction ID: SA11AI.110739  
Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 72.50

**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  
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(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)  
 STEPHEN A MITCHELL  
 Mailing Address 12521 N ENGLEWOOD CT  
 City State Zip Code  
 DUNLAP IL 61525-9548  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9  
**Transaction ID:** SA11AI.114836  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CATERPILLAR INC FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00

**B.** Full Name (Last, First, Middle Initial)  
 KENNETH MOATS  
 Mailing Address 8424 MOUNTAIN LAUREL RD  
 City State Zip Code  
 BOONSBORO MD 21713  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 9  
**Transaction ID:** SA11AI.114956  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RENAULT FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
 DONALD MOHN  
 Mailing Address 37661 FRENCH CREEK RD  
 City State Zip Code  
 AVON OH 44011-1768  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.109883  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALCOA INC FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 585

(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)  
DONALD MOHN

Mailing Address 37661 FRENCH CREEK RD

City State Zip Code  
AVON OH 44011-1768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.109095

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK J MOHN

Mailing Address 5371 PLEASANT ST

City State Zip Code  
RIDGEVILLE OH 44039-2249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.111257

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
MARK J MOHN

Mailing Address 5371 PLEASANT ST

City State Zip Code  
RIDGEVILLE OH 44039-2249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.113835

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 585

(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)  
JEFFREY MOONEY

Mailing Address 1006 LANCASHIRE LN

City State Zip Code  
PENDLETON IN 46064-9127

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NAVISTAR INTERNATIONAL CO-  
RP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2009

Transaction ID: SA11AI.111461

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)  
JEFFREY MOONEY

Mailing Address 1006 LANCASHIRE LN

City State Zip Code  
PENDLETON IN 46064-9127

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NAVISTAR INTERNATIONAL CO-  
RP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2009

Transaction ID: SA11AI.110378

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
JEFFREY MOONEY

Mailing Address 1006 LANCASHIRE LN

City State Zip Code  
PENDLETON IN 46064-9127

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NAVISTAR INTERNATIONAL CO-  
RP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2009

Transaction ID: SA11AI.111994

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 585  
(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)  
BRIAN SCOTT MOORE  
 Mailing Address 2770 EASTERN AVE  
 City BEDFORD State IN Zip Code 47421-5327  
 Date of Receipt 07 / 08 / 2009  
**Transaction ID:** SA11AI.112164  
 Amount of Each Receipt this Period 3.00  
 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 372.00

**B.** Full Name (Last, First, Middle Initial)  
BRIAN SCOTT MOORE  
 Mailing Address 2770 EASTERN AVE  
 City BEDFORD State IN Zip Code 47421-5327  
 Date of Receipt 07 / 31 / 2009  
**Transaction ID:** SA11AI.113150  
 Amount of Each Receipt this Period 3.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
BRIAN SCOTT MOORE  
 Mailing Address 2770 EASTERN AVE  
 City BEDFORD State IN Zip Code 47421-5327  
 Date of Receipt 10 / 08 / 2009  
**Transaction ID:** SA11AI.114667  
 Amount of Each Receipt this Period 150.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 525.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 156.00  
**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  
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(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)  
JENNIFER H MOORE

Mailing Address 4001 LOCHMERE RD

City State Zip Code  
HIGH POINT NC 27265-9342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

Transaction ID: SA11AI.110266

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT MORIARTY

Mailing Address 14400 NOLA ST

City State Zip Code  
LIVONIA MI 48154-5905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2009

Transaction ID: SA11AI.115768

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT MORIARTY

Mailing Address 14400 NOLA ST

City State Zip Code  
LIVONIA MI 48154-5905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

Transaction ID: SA11AI.115675

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 205.00

**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

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(check only one)  
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 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 MORIARTY  
 Mailing Address 14400 NOLA ST  
 City State Zip Code  
 LIVONIA MI 48154-5905  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 9  
**Transaction ID:** SA11AI.115769  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 415.00

**B.** Full Name (Last, First, Middle Initial)  
 ROBERT MORIARTY  
 Mailing Address 14400 NOLA ST  
 City State Zip Code  
 LIVONIA MI 48154-5905  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 0 7 / 2 0 0 9  
**Transaction ID:** SA11AI.115691  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 440.00

**C.** Full Name (Last, First, Middle Initial)  
 JOHN M MORICAL  
 Mailing Address 2320 S TIBBS AVE  
 City State Zip Code  
 INDIANAPOLIS IN 46241-4801  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.112004  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 585  
(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)  
JOHN M MORICAL

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.112005

Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
DELBERT L MORRIS

Mailing Address 308 CREEKSTONE CT

City INDIANAPOLIS State IN Zip Code 46239-9172

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: MM / DD / YYYY  
08 / 25 / 2009

Transaction ID: SA11AI.112448

Amount of Each Receipt this Period: 225.00

**C.** Full Name (Last, First, Middle Initial)  
DELBERT L MORRIS

Mailing Address 308 CREEKSTONE CT

City INDIANAPOLIS State IN Zip Code 46239-9172

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.110869

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 585  
(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)  
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 ▼ 400.00  
Date of Receipt 10 / 08 / 2009  
Transaction ID: SA11AI.114702  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL L MUND  
Mailing Address 141 HILL ST  
City BONNE TERRE State MO Zip Code 63628-1739  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation LEAR CORPORATION FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 10 / 23 / 2009  
Transaction ID: SA11AI.109008  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
ROMEO MUNOZ  
Mailing Address 4157 ASTORIA ST  
City IRVING State TX Zip Code 75062-2978  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 25 / 2009  
Transaction ID: SA11AI.113841  
Amount of Each Receipt this Period 216.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 616.00  
**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 301 / 585  
(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)  
ROMEO MUNOZ

Mailing Address 4157 ASTORIA ST

City State Zip Code  
IRVING TX 75062-2978

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2009

**Transaction ID:** SA11AI.114810

Amount of Each Receipt this Period  
156.00

**B.** Full Name (Last, First, Middle Initial)  
ROMEO MUNOZ

Mailing Address 4157 ASTORIA ST

City State Zip Code  
IRVING TX 75062-2978

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 564.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2009

**Transaction ID:** SA11AI.115311

Amount of Each Receipt this Period  
108.00

**C.** Full Name (Last, First, Middle Initial)  
ROMEO MUNOZ

Mailing Address 4157 ASTORIA ST

City State Zip Code  
IRVING TX 75062-2978

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 28 / 2009

**Transaction ID:** SA11AI.114811

Amount of Each Receipt this Period  
48.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **312.00**

**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 302 / 585  
(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) ROMEO MUNOZ		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 4157 ASTORIA ST		<b>Transaction ID:</b> SA11AI.115312
City IRVING	State TX	Zip Code 75062-2978
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 48.00
Name of Employer VOUGHT AIRCRAFT INDUSTRIES	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

**B.**

Full Name (Last, First, Middle Initial) RONNIE MURRAY		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 2063 DE ANZA LN		<b>Transaction ID:</b> SA11AI.113925
City HERCULES	State CA	Zip Code 94547-5437
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**C.**

Full Name (Last, First, Middle Initial) RONNIE MURRAY		Date of Receipt MM / DD / YYYY 10 / 19 / 2009
Mailing Address 2063 DE ANZA LN		<b>Transaction ID:</b> SA11AI.113386
City HERCULES	State CA	Zip Code 94547-5437
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	108.00
<b>TOTAL</b> 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 303 / 585  
(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 MURRAY  
Mailing Address 2063 DE ANZA LN  
City State Zip Code  
HERCULES CA 94547-5437  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NEW UNITED MOTOR MFG INC FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9  
Transaction ID: SA11AI.111860  
Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RONNIE MURRAY  
Mailing Address 2063 DE ANZA LN  
City State Zip Code  
HERCULES CA 94547-5437  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NEW UNITED MOTOR MFG INC FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9  
Transaction ID: SA11AI.111861  
Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
RONNIE MURRAY  
Mailing Address 2063 DE ANZA LN  
City State Zip Code  
HERCULES CA 94547-5437  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NEW UNITED MOTOR MFG INC FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9  
Transaction ID: SA11AI.112389  
Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 585  
(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)  
DENNIS NABORS

Mailing Address 2625 LAWRENCE AVENUE

City Toledo State OH Zip Code 43610-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.112652  
 Amount of Each Receipt this Period: 34.62

**B.**

Full Name (Last, First, Middle Initial)  
DENNIS NABORS

Mailing Address 2625 LAWRENCE AVENUE

City Toledo State OH Zip Code 43610-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt: 11 / 19 / 2009  
**Transaction ID:** SA11AI.113159  
 Amount of Each Receipt this Period: 5.77

**C.**

Full Name (Last, First, Middle Initial)  
DENNIS NABORS

Mailing Address 2625 LAWRENCE AVENUE

City Toledo State OH Zip Code 43610-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 12 / 08 / 2009  
**Transaction ID:** SA11AI.110020  
 Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 46.16

**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 305 / 585

(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)  
DENNIS NABORS

Mailing Address 2625 LAWRENCE AVENUE

City State Zip Code  
TOLEDO OH 43610-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.112173

Amount of Each Receipt this Period

5.77

**B.**

Full Name (Last, First, Middle Initial)  
DENNIS NABORS

Mailing Address 2625 LAWRENCE AVENUE

City State Zip Code  
TOLEDO OH 43610-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.110021

Amount of Each Receipt this Period

5.77

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD M NANNO

Mailing Address 4786 MAKYES RD.

City State Zip Code  
SYRACUSE NY 13215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.110682

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

111.54

**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 306 / 585  
(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)  
EDWARD M NANNO

Mailing Address 4786 MAKYES RD.

City State Zip Code  
SYRACUSE NY 13215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.110683

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD M NANNO

Mailing Address 4786 MAKYES RD.

City State Zip Code  
SYRACUSE NY 13215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.114782

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
G NAPIER

Mailing Address 602 MOORE MILLER RD

City State Zip Code  
NEW PARIS OH 45347-9116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL DYNAMICS CORPORAT-  
ION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.110520

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 585  
(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)  
 SALVATORE NAPOLI JR  
 Mailing Address 7515 BRIARCLIFF PKWY  
 City MIDDLEBURG State OH Zip Code 44130  
 Date of Receipt 10 / 19 / 2009  
**Transaction ID:** SA11AI.110391  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALCOA INC Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

**B.** Full Name (Last, First, Middle Initial)  
 ORLENA M NEAL  
 Mailing Address P O BOX 3018  
 City TOLEDO State OH Zip Code 43607-0018  
 Date of Receipt 10 / 19 / 2009  
**Transaction ID:** SA11AI.114054  
 Amount of Each Receipt this Period 62.50  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.50

**C.** Full Name (Last, First, Middle Initial)  
 ORLENA M NEAL  
 Mailing Address P O BOX 3018  
 City TOLEDO State OH Zip Code 43607-0018  
 Date of Receipt 11 / 13 / 2009  
**Transaction ID:** SA11AI.110367  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.50  
**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 308 / 585  
(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)  
ORLENA M NEAL

Mailing Address P O BOX 3018

City Toledo State OH Zip Code 43607-0018

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 11 / 19 / 2009

**Transaction ID:** SA11AI.112487

Amount of Each Receipt this Period 12.50

**B.** Full Name (Last, First, Middle Initial)  
ORLENA M NEAL

Mailing Address P O BOX 3018

City Toledo State OH Zip Code 43607-0018

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt MM / DD / YYYY 12 / 08 / 2009

**Transaction ID:** SA11AI.115520

Amount of Each Receipt this Period 12.50

**C.** Full Name (Last, First, Middle Initial)  
ORLENA M NEAL

Mailing Address P O BOX 3018

City Toledo State OH Zip Code 43607-0018

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY 12 / 11 / 2009

**Transaction ID:** SA11AI.111989

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 37.50

**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 309 / 585  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.**

Full Name (Last, First, Middle Initial)  
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 GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 03 / 2009  
Transaction ID: SA11AI.112633  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
ERIC J NEECE

Mailing Address 8541 N MARSTON AVE

City KANSAS CITY State MO Zip Code 64154-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 31 / 2009  
Transaction ID: SA11AI.112978  
Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
BRIAN NEGOVAN

Mailing Address 19855 JOLGREN DR

City CLINTON TOWNSHIP State MI Zip Code 48038-2263

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL 155 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 09 / 30 / 2009  
Transaction ID: SA11AI.115700  
Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00

**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 310 / 585  
(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)  
BRIAN NEGOVAN  
 Mailing Address 19855 JOLGREN DR  
 City State Zip Code  
 CLINTON TOWNSHIP MI 48038-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAW LOCAL 155 Occupation LOCAL UNION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00  
 Date of Receipt MM / DD / YYYY  
 10 / 02 / 2009  
**Transaction ID:** SA11AI.115811  
 Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
BRIAN NEGOVAN  
 Mailing Address 19855 JOLGREN DR  
 City State Zip Code  
 CLINTON TOWNSHIP MI 48038-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAW LOCAL 155 Occupation LOCAL UNION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 284.00  
 Date of Receipt MM / DD / YYYY  
 10 / 14 / 2009  
**Transaction ID:** SA11AI.115832  
 Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
BRIAN NEGOVAN  
 Mailing Address 19855 JOLGREN DR  
 City State Zip Code  
 CLINTON TOWNSHIP MI 48038-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAW LOCAL 155 Occupation LOCAL UNION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00  
 Date of Receipt MM / DD / YYYY  
 10 / 21 / 2009  
**Transaction ID:** SA11AI.115777  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 585  
(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)  
BRIAN NEGOVAN  
 Mailing Address 19855 JOLGREN DR  
 City State Zip Code  
CLINTON TOWNSHIP MI 48038-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UAW LOCAL 155 LOCAL UNION OFFICER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 364.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 9  
**Transaction ID:** SA11AI.115833  
 Amount of Each Receipt this Period  
 40.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL H NELLINGER  
 Mailing Address 2320 S TIBBS AVE  
 City State Zip Code  
INDIANAPOLIS IN 46241-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.109880  
 Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL H NELLINGER  
 Mailing Address 2320 S TIBBS AVE  
 City State Zip Code  
INDIANAPOLIS IN 46241-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.109720  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 585  
(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)  
SYLVIA Y NELSON

Mailing Address P.O.BOX 441785

City State Zip Code  
DETROIT MI 48244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** SA11AI.108922

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
SYLVIA Y NELSON

Mailing Address P.O.BOX 441785

City State Zip Code  
DETROIT MI 48244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.108406

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
GARY NOE SR

Mailing Address 1714 EASTWOOD DR

City State Zip Code  
BRUNSWICK OH 44212-3918

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JACOBSON MFG COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** SA11AI.112436

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 585  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
DANNY NORTON

Mailing Address 525 HAMPTON AVENUE

City Toledo State OH Zip Code 43609-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 213.49

Date of Receipt: 10 / 19 / 2009

Transaction ID: SA11AI.112226

Amount of Each Receipt this Period: 46.16

**B.**

Full Name (Last, First, Middle Initial)  
DANNY NORTON

Mailing Address 525 HAMPTON AVENUE

City Toledo State OH Zip Code 43609-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.11

Date of Receipt: 11 / 13 / 2009

Transaction ID: SA11AI.115207

Amount of Each Receipt this Period: 34.62

**C.**

Full Name (Last, First, Middle Initial)  
DANNY NORTON

Mailing Address 525 HAMPTON AVENUE

City Toledo State OH Zip Code 43609-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt: 11 / 19 / 2009

Transaction ID: SA11AI.110071

Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 86.55

**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 314 / 585  
(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) DANNY NORTON		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 525 HAMPTON AVENUE		<b>Transaction ID:</b> SA11AI.111150
City TOLEDO	State OH	Zip Code 43609-2937
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.65	

**B.**

Full Name (Last, First, Middle Initial) DANNY NORTON		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 525 HAMPTON AVENUE		<b>Transaction ID:</b> SA11AI.112227
City TOLEDO	State OH	Zip Code 43609-2937
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.42	

**C.**

Full Name (Last, First, Middle Initial) DANNY NORTON		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address 525 HAMPTON AVENUE		<b>Transaction ID:</b> SA11AI.113740
City TOLEDO	State OH	Zip Code 43609-2937
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.19	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>17.31</b>
<b>TOTAL</b> 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 315 / 585  
(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)  
FRANK O'CONNOR JR

Mailing Address 4721 GOOD DR

City State Zip Code  
NEW ORLEANS LA 70127-3807

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATION  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.113992

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM W OAKLEY

Mailing Address 7417 LIBERTY RD

City State Zip Code  
FAIRVIEW TN 37062-8338

FEC ID number of contributing federal political committee. **C**

Name of Employer VISTEON CORPORATION  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2009

Transaction ID: SA11AI.109265

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM W OAKLEY

Mailing Address 7417 LIBERTY RD

City State Zip Code  
FAIRVIEW TN 37062-8338

FEC ID number of contributing federal political committee. **C**

Name of Employer VISTEON CORPORATION  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

Transaction ID: SA11AI.109551

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
JAMES T OAKS

Mailing Address HWY 60 E

City State Zip Code  
BIGELOW AR 72016-5036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERICAN TRANSPORTATION CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** SA11AI.113816

Amount of Each Receipt this Period  
26.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID OFFENHEISER

Mailing Address 6122 E HIGGINS LAKE DR

City State Zip Code  
ROSCOMMON MI 48653-9351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2009

**Transaction ID:** SA11AI.108288

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID OFFENHEISER

Mailing Address 6122 E HIGGINS LAKE DR

City State Zip Code  
ROSCOMMON MI 48653-9351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID:** SA11AI.109131

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 276.00

**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 317 / 585  
(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 ONSTAD

Mailing Address 36865 32ND STREET

City State Zip Code  
PALMDALE CA 93553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALLIEDSIGNAL INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.109101

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
JOSEPH ORTH

Mailing Address 8206 W. ARTHUR AVE

City State Zip Code  
WEST ALLIS WI 53219-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORTUNE BRANDS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.109913

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH ORTH

Mailing Address 8206 W. ARTHUR AVE

City State Zip Code  
WEST ALLIS WI 53219-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORTUNE BRANDS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.109294

Amount of Each Receipt this Period

36.00

**SUBTOTAL** of Receipts This Page (optional) .....

381.00

**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 318 / 585  
(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)  
JOSEPH ORTH  
Mailing Address 8206 W. ARTHUR AVE  
City WEST ALLIS State WI Zip Code 53219-2429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.00  
Date of Receipt 10 / 19 / 2009  
Transaction ID: SA11AI.108451  
Amount of Each Receipt this Period 36.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH ORTH  
Mailing Address 8206 W. ARTHUR AVE  
City WEST ALLIS State WI Zip Code 53219-2429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.108616  
Amount of Each Receipt this Period 54.00

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH ORTH  
Mailing Address 8206 W. ARTHUR AVE  
City WEST ALLIS State WI Zip Code 53219-2429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00  
Date of Receipt 11 / 19 / 2009  
Transaction ID: SA11AI.109751  
Amount of Each Receipt this Period 9.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 99.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 585  
(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)  
JOSEPH ORTH  
Mailing Address 8206 W. ARTHUR AVE  
City WEST ALLIS State WI Zip Code 53219-2429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 369.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.109587  
Amount of Each Receipt this Period 18.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH ORTH  
Mailing Address 8206 W. ARTHUR AVE  
City WEST ALLIS State WI Zip Code 53219-2429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORTUNE BRANDS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 378.00  
Date of Receipt 12 / 11 / 2009  
Transaction ID: SA11AI.108452  
Amount of Each Receipt this Period 9.00

**C.** Full Name (Last, First, Middle Initial)  
RANDALL L OSBORN  
Mailing Address 118 SOUTHGATE AVE  
City MORROW State OH Zip Code 45152-1120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL ELECTRIC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 222.36  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.113854  
Amount of Each Receipt this Period 30.05

**SUBTOTAL** of Receipts This Page (optional) ..... ► 57.05  
**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 320 / 585  
(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)  
RANDALL L OSBORN

Mailing Address 118 SOUTHGATE AVE

City MORROW State OH Zip Code 45152-1120

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL ELECTRIC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.40

Date of Receipt: MM / DD / YYYY 12 / 10 / 2009

Transaction ID: SA11AI.111789

Amount of Each Receipt this Period 24.04

**B.** Full Name (Last, First, Middle Initial)  
S OVERTURF

Mailing Address 1843 BISCAYNE DR

City SPRINGFIELD State OH Zip Code 45503-6010

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY 08 / 25 / 2009

Transaction ID: SA11AI.115348

Amount of Each Receipt this Period 280.00

**C.** Full Name (Last, First, Middle Initial)  
S OVERTURF

Mailing Address 1843 BISCAYNE DR

City SPRINGFIELD State OH Zip Code 45503-6010

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY 12 / 07 / 2009

Transaction ID: SA11AI.110209

Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 374.04

**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 321 / 585  
(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)  
JOSE L PADILLA JR  
Mailing Address 13077 BRACKEN ST  
City ARLETA State CA Zip Code 91331-4709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UNITED TECHNOLOGIES CORP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 12 / 15 / 2009  
Transaction ID: SA11AI.115562  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM P PANEBAKER  
Mailing Address 345 CLOVER LN  
City HANOVER State PA Zip Code 17331-9252  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHARTER PLC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 19 / 2009  
Transaction ID: SA11AI.115345  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
CEDRIC S PANTON  
Mailing Address 1711 LINDTER  
City CORONA State CA Zip Code 92882-5129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOEING COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.113170  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 585  
(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)  
CEDRIC S PANTON

Mailing Address 1711 LINDTER

City State Zip Code  
CORONA CA 92882-5129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.113700

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK PARKER

Mailing Address 207 LESLIE ST

City State Zip Code  
LANSING MI 48912-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAW LOCAL UNION 2256 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: SA11AI.110467

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
MARK PARKER

Mailing Address 207 LESLIE ST

City State Zip Code  
LANSING MI 48912-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAW LOCAL UNION 2256 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.112082

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 323 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
MARK PARKER

Mailing Address 207 LESLIE ST

City LANSING State MI Zip Code 48912-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL UNION 2256 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 09 / 14 / 2009  
**Transaction ID: SA11AI.110468**  
 Amount of Each Receipt this Period: 125.00

**B.** Full Name (Last, First, Middle Initial)  
MARK PARKER

Mailing Address 207 LESLIE ST

City LANSING State MI Zip Code 48912-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL UNION 2256 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 18 / 2009  
**Transaction ID: SA11AI.110469**  
 Amount of Each Receipt this Period: 125.00

**C.** Full Name (Last, First, Middle Initial)  
MARK PARKER

Mailing Address 207 LESLIE ST

City LANSING State MI Zip Code 48912-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL UNION 2256 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 10 / 06 / 2009  
**Transaction ID: SA11AI.112083**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 585  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
MARK PARKER

Mailing Address 207 LESLIE ST

City LANSING State MI Zip Code 48912-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL UNION 2256 Occupation LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 04 / 2009

Transaction ID: SA11AI.114602

Amount of Each Receipt this Period 125.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY PARKER

Mailing Address 1221 WAYNE ST

City SANDUSKY State OH Zip Code 44870-3530

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 ▼ 240.00

Date of Receipt 10 / 02 / 2009

Transaction ID: SA11AI.110476

Amount of Each Receipt this Period 40.00

**C.**

Full Name (Last, First, Middle Initial)  
CONNIE E PARRA

Mailing Address 629 BARRON WAY

City HAYWARD State CA Zip Code 94544-6801

FEC ID number of contributing federal political committee. **C**

Name of Employer NEW UNITED MOTORS MFG Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2009

Transaction ID: SA11AI.115058

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 195.00

**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 325 / 585  
(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)  
CONNIE E PARRA

Mailing Address 629 BARRON WAY

City State Zip Code  
HAYWARD CA 94544-6801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

Transaction ID: SA11AI.113052

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
CONNIE E PARRA

Mailing Address 629 BARRON WAY

City State Zip Code  
HAYWARD CA 94544-6801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.112053

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
CONNIE E PARRA

Mailing Address 629 BARRON WAY

City State Zip Code  
HAYWARD CA 94544-6801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.111509

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 585

(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 E PARRA

Mailing Address 629 BARRON WAY

City State Zip Code  
HAYWARD CA 94544-6801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.112527

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
JOE PATTERSON

Mailing Address 5610 S IRVINGTON AVE

City State Zip Code  
TULSA OK 74135-8101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VISTEON CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.110643

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
JOE PATTERSON

Mailing Address 5610 S IRVINGTON AVE

City State Zip Code  
TULSA OK 74135-8101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VISTEON CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.111713

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 585  
(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)  
VANCE PEARSON

Mailing Address 6611 CIELO DRIVE

City PALMDALE State CA Zip Code 93551

FEC ID number of contributing federal political committee. **C**

Name of Employer ALLIED SIGNAL Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 23 / 2009  
**Transaction ID:** SA11AI.115190  
 Amount of Each Receipt this Period: 400.00

**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 ▼ 225.00

Date of Receipt: 10 / 01 / 2009  
**Transaction ID:** SA11AI.110827  
 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 ▼ 350.00

Date of Receipt: 10 / 08 / 2009  
**Transaction ID:** SA11AI.113952  
 Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 562.50

**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 328 / 585  
(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 State Zip Code  
ZIONSVILLE IN 46077-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 387.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.110828

Amount of Each Receipt this Period  
37.50

**B.** Full Name (Last, First, Middle Initial)  
ROBERT G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City State Zip Code  
ZIONSVILLE IN 46077-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 462.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.113953

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City State Zip Code  
ZIONSVILLE IN 46077-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.110829

Amount of Each Receipt this Period  
37.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 585  
(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)  
WILLIAM R PENDERGRASS

Mailing Address 333 MOORE RD

City State Zip Code  
COOKEVILLE TN 38506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUMMINS ENGINE CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 21 / 2009  
Transaction ID: SA11AI.113661  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
GARY W PERKINS

Mailing Address 4858 WORTH STREET

City State Zip Code  
MILLINGTON MI 48746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 07 / 2009  
Transaction ID: SA11AI.111260  
Amount of Each Receipt this Period: 60.00

**C.** Full Name (Last, First, Middle Initial)  
CARL PERKINS JR

Mailing Address PO BOX 939

City State Zip Code  
FAYETTE OH 43521-0939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ARVINMERITOR, INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.25

Date of Receipt: 10 / 15 / 2009  
Transaction ID: SA11AI.115379  
Amount of Each Receipt this Period: 68.75

**SUBTOTAL** of Receipts This Page (optional) ..... ► **428.75**

**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 330 / 585  
(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)  
MARK C PETERSON

Mailing Address 440 CHINQUAPIN TRL

City State Zip Code  
CHRISIANSBURG VA 24073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOLVO (AB) FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.109397

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID PHEILS

Mailing Address 334 COLONY RD

City State Zip Code  
ROSSFORD OH 43460-1039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.113203

Amount of Each Receipt this Period  
34.62

**C.**

Full Name (Last, First, Middle Initial)  
DAVID PHEILS

Mailing Address 334 COLONY RD

City State Zip Code  
ROSSFORD OH 43460-1039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.111680

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.39**

**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 331 / 585  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID PHEILS		Date of Receipt
	Mailing Address 334 COLONY RD		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ROSSFORD	OH	43460-1039
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.113204
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="236.57"/>	<input type="text" value="5.77"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID PHEILS		Date of Receipt
	Mailing Address 334 COLONY RD		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ROSSFORD	OH	43460-1039
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.112224
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="242.34"/>	<input type="text" value="5.77"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID PHEILS		Date of Receipt
	Mailing Address 334 COLONY RD		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ROSSFORD	OH	43460-1039
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.110068
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="248.11"/>	<input type="text" value="5.77"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="17.31"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 585  
(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)  
FRANK PHILLIPS

Mailing Address 4805 KESSLER BLVD NORTH D

City State Zip Code  
INDIANAPOLIS IN 46228-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.113236

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
FRANK PHILLIPS

Mailing Address 4805 KESSLER BLVD NORTH D

City State Zip Code  
INDIANAPOLIS IN 46228-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.111185

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
TERRI E PIERCE

Mailing Address 1460 JEFF RD

City State Zip Code  
HUNTSVILLE AL 35806-1020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SIEMENS AG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.111768

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 585

(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)  
MILTON PIPER

Mailing Address 1505 ALBERT ST

City State Zip Code  
TOLEDO OH 43605-3616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PEXCO PACKAGING CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 218.75

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.111449

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
DEAN POGGIALI

Mailing Address 16181 ESKE ST

City State Zip Code  
LANSING MI 48906-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAW LOCAL UNION 724 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.115819

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
DEAN POGGIALI

Mailing Address 16181 ESKE ST

City State Zip Code  
LANSING MI 48906-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAW LOCAL UNION 724 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.115705

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**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 334 / 585  
(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)  
MICHAEL POLDER

Mailing Address 3341 STARWICK DR.

City State Zip Code  
CANFIELD OH 44406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

Transaction ID: SA11AI.114234

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY POOLE

Mailing Address 3351 S 700 W

City State Zip Code  
NEW PALESTINE IN 46163-9749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.112890

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
DWIGHT D POPE

Mailing Address 4338 MT. GILEAD CHURCH RD

City State Zip Code  
SOPHIA NC 27350-8830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

Transaction ID: SA11AI.111997

Amount of Each Receipt this Period  
25.00

**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 335 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
JAMES POSEY  
Mailing Address 6903 N WALNUT  
City State Zip Code  
GLADSTONE MO 64118-2516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9  
Transaction ID: SA11AI.111309  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY POTTS  
Mailing Address 8490 CRESTMONT DRIVE  
City State Zip Code  
WEST CHESTER OH 45069-3496  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
PHILIP MORRIS FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.50  
Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9  
Transaction ID: SA11AI.115290  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
FRANK L POYNTER  
Mailing Address 2320 S TIBBS AVE  
City State Zip Code  
INDIANAPOLIS IN 46241-4801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9  
Transaction ID: SA11AI.114226  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 585  
(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)  
FRANK L POYNTER

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.115183

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
SUSAN PRATT

Mailing Address 5401 BELPRE

City State Zip Code  
TOLEDO OH 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CENTR TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

**Transaction ID:** SA11AI.113989

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN PRATT

Mailing Address 5401 BELPRE

City State Zip Code  
TOLEDO OH 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL CENTR TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.113990

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 585  
(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)  
SUSAN PRATT

Mailing Address 5401 BELPRE

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 19 / 2009  
Transaction ID: SA11AI.110311  
Amount of Each Receipt this Period: 12.50

**B.** Full Name (Last, First, Middle Initial)  
SUSAN PRATT

Mailing Address 5401 BELPRE

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.113991  
Amount of Each Receipt this Period: 12.50

**C.** Full Name (Last, First, Middle Initial)  
SUSAN PRATT

Mailing Address 5401 BELPRE

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 11 / 2009  
Transaction ID: SA11AI.110857  
Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 37.50

**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 338 / 585  
(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)  
JAMIE PUGH

Mailing Address 24 BELL DR

City State Zip Code  
THOMASVILLE NC 27360-7960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.109935

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
ALMO QUESADA

Mailing Address 2134 LIMWOOD DR

City State Zip Code  
SAN JOSE CA 95132-1235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.110619

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
ALMO QUESADA

Mailing Address 2134 LIMWOOD DR

City State Zip Code  
SAN JOSE CA 95132-1235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG 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  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.114267

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 585  
(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) ALMO QUESADA		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 2134 LIMWOOD DR		<b>Transaction ID:</b> SA11AI.111696
City SAN JOSE	State CA	Zip Code 95132-1235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**B.**

Full Name (Last, First, Middle Initial) ALMO QUESADA		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 2134 LIMWOOD DR		<b>Transaction ID:</b> SA11AI.111163
City SAN JOSE	State CA	Zip Code 95132-1235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) ALMO QUESADA		Date of Receipt MM / DD / YYYY 12 / 21 / 2009
Mailing Address 2134 LIMWOOD DR		<b>Transaction ID:</b> SA11AI.113215
City SAN JOSE	State CA	Zip Code 95132-1235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> 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 340 / 585  
(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) ROLANDO QUESADA		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 105 CRATER LAKE CT		<b>Transaction ID:</b> SA11AI.113110
City OAKLEY	State CA	Zip Code 94561-5233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**B.**

Full Name (Last, First, Middle Initial) ROLANDO QUESADA		Date of Receipt MM / DD / YYYY 10 / 19 / 2009
Mailing Address 105 CRATER LAKE CT		<b>Transaction ID:</b> SA11AI.112127
City OAKLEY	State CA	Zip Code 94561-5233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**C.**

Full Name (Last, First, Middle Initial) ROLANDO QUESADA		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 105 CRATER LAKE CT		<b>Transaction ID:</b> SA11AI.113633
City OAKLEY	State CA	Zip Code 94561-5233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> 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 341 / 585  
(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)  
ROLANDO QUESADA

Mailing Address 105 CRATER LAKE CT

City State Zip Code  
OAKLEY CA 94561-5233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTOR MFG INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.111034

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
ROLANDO QUESADA

Mailing Address 105 CRATER LAKE CT

City State Zip Code  
OAKLEY CA 94561-5233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTOR MFG INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.111035

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
SALVADOR QUINTANA

Mailing Address 682 BAKER RD

City State Zip Code  
COLUMBIA TN 38401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

**Transaction ID:** SA11AI.112900

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00

**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 342 / 585

(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)  
V QUINTANA

Mailing Address 1515 N TOWN EAST BLVD # 138-19

City State Zip Code  
MESQUITE TX 75150-4157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2009

Transaction ID: SA11AI.111476

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)  
V QUINTANA

Mailing Address 1515 N TOWN EAST BLVD # 138-19

City State Zip Code  
MESQUITE TX 75150-4157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2009

Transaction ID: SA11AI.110394

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
SHEILA RADLOFF

Mailing Address 6402 LONG RIVER LANE

City State Zip Code  
INDIANAPOLIS IN 46221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2009

Transaction ID: SA11AI.113781

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 585  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ANTHONY R RAINEY		Date of Receipt MM / DD / YYYY 09 / 29 / 2009		
	Mailing Address 3927 N 58TH ST.		<b>Transaction ID:</b> SA11AI.108724		
	City MILWAUKEE	State WI	Zip Code 53216-2230	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00		
Name of Employer AMERICAN BRANDS		Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) ANTHONY R RAINEY		Date of Receipt MM / DD / YYYY 10 / 15 / 2009		
	Mailing Address 3927 N 58TH ST.		<b>Transaction ID:</b> SA11AI.109850		
	City MILWAUKEE	State WI	Zip Code 53216-2230	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 280.00		
Name of Employer AMERICAN BRANDS		Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) ANTHONY R RAINEY		Date of Receipt MM / DD / YYYY 10 / 19 / 2009		
	Mailing Address 3927 N 58TH ST.		<b>Transaction ID:</b> SA11AI.109524		
	City MILWAUKEE	State WI	Zip Code 53216-2230	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 320.00		
Name of Employer AMERICAN BRANDS		Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> 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 344 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
ANTHONY R RAINEY  
Mailing Address 3927 N 58TH ST.  
City MILWAUKEE State WI Zip Code 53216-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN BRANDS Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.108725  
Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
ANTHONY R RAINEY  
Mailing Address 3927 N 58TH ST.  
City MILWAUKEE State WI Zip Code 53216-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN BRANDS Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00  
Date of Receipt 11 / 19 / 2009  
Transaction ID: SA11AI.109063  
Amount of Each Receipt this Period 10.00

**C.** Full Name (Last, First, Middle Initial)  
ANTHONY R RAINEY  
Mailing Address 3927 N 58TH ST.  
City MILWAUKEE State WI Zip Code 53216-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN BRANDS Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.108210  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 / 585

(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)  
ANTHONY R RAINEY

Mailing Address 3927 N 58TH ST.

City State Zip Code  
MILWAUKEE WI 53216-2230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERICAN BRANDS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.109384

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
CARL G RALPH

Mailing Address 4481 COUNTY ROAD 1718

City State Zip Code  
HOLLY POND AL 35083-5636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SIEMENS AG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.109609

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT J RAMUNO

Mailing Address 849 N 27TH ST

City State Zip Code  
PHILADELPHIA PA 19130-1805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SPD TECHNOLOGIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.112196

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
GARY RANCE

Mailing Address 1885 WILKISON LN

City MARTINSVILLE State IN Zip Code 46151-8709

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 27 / 2009  
**Transaction ID: SA11AI.109899**  
 Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
GARY RANCE

Mailing Address 1885 WILKISON LN

City MARTINSVILLE State IN Zip Code 46151-8709

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 ▼ 275.00

Date of Receipt: 11 / 19 / 2009  
**Transaction ID: SA11AI.109279**  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
GARY RANCE

Mailing Address 1885 WILKISON LN

City MARTINSVILLE State IN Zip Code 46151-8709

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 22 / 2009  
**Transaction ID: SA11AI.109900**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 585  
(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)  
S M RANDALL

Mailing Address 4486 PHOENIX DR

City State Zip Code  
SPRINGFIELD OH 45503-6326

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO- RP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2009

Transaction ID: SA11AI.110932

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
LAWRENCE RATHBUN

Mailing Address RTE 1 BOX 300

City State Zip Code  
SANGER TX 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATI- ON  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2009

Transaction ID: SA11AI.109011

Amount of Each Receipt this Period  
132.00

**C.**

Full Name (Last, First, Middle Initial)  
LAWRENCE RATHBUN

Mailing Address RTE 1 BOX 300

City State Zip Code  
SANGER TX 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATI- ON  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
258.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 09 / 2009

Transaction ID: SA11AI.108161

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **387.00**

**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 348 / 585

(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)  
LAWRENCE RATHBUN

Mailing Address RTE 1 BOX 300

City State Zip Code  
SANGER TX 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

Transaction ID: SA11AI.108513

Amount of Each Receipt this Period

24.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
LAWRENCE RATHBUN

Mailing Address RTE 1 BOX 300

City State Zip Code  
SANGER TX 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

Transaction ID: SA11AI.108864

Amount of Each Receipt this Period

30.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
SHERVON REDD

Mailing Address 19671 RENWOOD AVE

City State Zip Code  
CLEVELAND OH 44119

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ALCOA INC

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	9

Transaction ID: SA11AI.112413

Amount of Each Receipt this Period

25.00
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**SUBTOTAL** of Receipts This Page (optional) .....

79.00
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**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 585  
(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)  
CLARENCE H REED

Mailing Address 193 E IROQUOIS

City State Zip Code  
PONTIAC MI 48341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** SA11AI.108924

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL W REED

Mailing Address 22359 PETOSKEY

City State Zip Code  
STANWOOD MI 49346-9003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** SA11AI.115884

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL W REED

Mailing Address 22359 PETOSKEY

City State Zip Code  
STANWOOD MI 49346-9003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2009

**Transaction ID:** SA11AI.115692

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 585  
(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) MICHAEL W REED		Date of Receipt MM / DD / YYYY 10 / 13 / 2009
Mailing Address 22359 PETOSKEY		<b>Transaction ID:</b> SA11AI.115693
City STANWOOD	State MI	Zip Code 49346-9003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ALCOA INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) MICHAEL W REED		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 22359 PETOSKEY		<b>Transaction ID:</b> SA11AI.115716
City STANWOOD	State MI	Zip Code 49346-9003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer ALCOA INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

**C.**

Full Name (Last, First, Middle Initial) MICHAEL REID		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 10501 LOOKOUT LN		<b>Transaction ID:</b> SA11AI.110990
City INDIANAPOLIS	State IN	Zip Code 46234-7628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer PENSKE CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> 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 351 / 585

(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)  
MICHAEL REID

Mailing Address 10501 LOOKOUT LN

City State Zip Code  
INDIANAPOLIS IN 46234-7628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.112074

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
JAY REINHART

Mailing Address PO BOX 87

City State Zip Code  
NEW RIEGEL OH 44853-0087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TOLEDO MOLDING & DIE, INC. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.110862

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
JAY REINHART

Mailing Address PO BOX 87

City State Zip Code  
NEW RIEGEL OH 44853-0087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TOLEDO MOLDING & DIE, INC. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.112940

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 585  
(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)  
JAY REINHART

Mailing Address PO BOX 87

City State Zip Code  
NEW RIEGEL OH 44853-0087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TOLEDO MOLDING & DIE, INC. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.113452

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
DONNIE RHUM

Mailing Address 1217 14TH ST

City State Zip Code  
BEDFORD IN 47421-3228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.111903

Amount of Each Receipt this Period  
187.50

**C.** Full Name (Last, First, Middle Initial)  
HAROLD RIDENOUR SR

Mailing Address 11035 WHITEHALL RD

City State Zip Code  
SMITHSBURG MD 21783

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 Y  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.115594

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **462.50**

**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 353 / 585  
(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)  
ARLENE D RIOS

Mailing Address 8641 RAMONA ST.

City State Zip Code  
BELLFLOWER CA 90706-7717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

Transaction ID: SA11AI.109194

Amount of Each Receipt this Period  
13.50

**B.**

Full Name (Last, First, Middle Initial)  
R ROACH

Mailing Address 5520 TERRE HAUTE RD

City State Zip Code  
URBANA OH 43078-9623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

Transaction ID: SA11AI.109715

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
R ROACH

Mailing Address 5520 TERRE HAUTE RD

City State Zip Code  
URBANA OH 43078-9623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.108568

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **288.50**

**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 354 / 585  
(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)  
DORIS M ROBERTS

Mailing Address 644 PALMWOOD

City Toledo State OH Zip Code 43602

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 19 / 2009

Transaction ID: SA11AI.115393

Amount of Each Receipt this Period: 62.50

**B.**

Full Name (Last, First, Middle Initial)  
DORIS M ROBERTS

Mailing Address 644 PALMWOOD

City Toledo State OH Zip Code 43602

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2009

Transaction ID: SA11AI.110261

Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
DORIS M ROBERTS

Mailing Address 644 PALMWOOD

City Toledo State OH Zip Code 43602

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 19 / 2009

Transaction ID: SA11AI.115394

Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 585

(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)  
DORIS M ROBERTS

Mailing Address 644 PALMWOOD

City State Zip Code  
TOLEDO OH 43602

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.113400

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)  
DORIS M ROBERTS

Mailing Address 644 PALMWOOD

City State Zip Code  
TOLEDO OH 43602

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ST VINCENT MERCY MEDICAL  
CEN

Occupation  
TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.115395

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)  
JANNETTE ROBERTS

Mailing Address 1360 SCHAEFFER ROAD

City State Zip Code  
NORWALK OH 44857-9790

FEC ID number of contributing federal political committee. **C**

Name of Employer  
VACATIONLAND FEDERAL CR  
UN

Occupation  
CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.109626

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**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 356 / 585  
(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)  
JOHN L ROBERTS

Mailing Address 400 WATERFALL ROAD E

City State Zip Code  
HEBER SPRINGS AR 72543-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN TRANSPORTATION CORP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.114409

Amount of Each Receipt this Period  
26.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN L ROBERTS

Mailing Address 400 WATERFALL ROAD E

City State Zip Code  
HEBER SPRINGS AR 72543-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN TRANSPORTATION CORP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 18 / 2009

Transaction ID: SA11AI.112387

Amount of Each Receipt this Period  
26.00

**C.**

Full Name (Last, First, Middle Initial)  
JOHN L ROBERTS

Mailing Address 400 WATERFALL ROAD E

City State Zip Code  
HEBER SPRINGS AR 72543-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN TRANSPORTATION CORP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 09 / 2009

Transaction ID: SA11AI.111857

Amount of Each Receipt this Period  
26.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 78.00

**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 357 / 585  
(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)  
JOHN L ROBERTS

Mailing Address 400 WATERFALL ROAD E

City State Zip Code  
HEBER SPRINGS AR 72543-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN TRANSPORTATION CORP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 338.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2009

**Transaction ID:** SA11AI.114410

Amount of Each Receipt this Period  
26.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN L ROBERTS

Mailing Address 400 WATERFALL ROAD E

City State Zip Code  
HEBER SPRINGS AR 72543-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN TRANSPORTATION CORP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** SA11AI.113921

Amount of Each Receipt this Period  
26.00

**C.**

Full Name (Last, First, Middle Initial)  
JOHN L ROBERTS

Mailing Address 400 WATERFALL ROAD E

City State Zip Code  
HEBER SPRINGS AR 72543-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN TRANSPORTATION CORP  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 13 / 2009

**Transaction ID:** SA11AI.114411

Amount of Each Receipt this Period  
26.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 78.00

**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 358 / 585

(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)  
JOHN L ROBERTS

Mailing Address 400 WATERFALL ROAD E

City State Zip Code  
HEBER SPRINGS AR 72543-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERICAN TRANSPORTATION CORP FACTORY WORKER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.113922

Amount of Each Receipt this Period  
26.00

**B.**

Full Name (Last, First, Middle Initial)  
DENNIS ROBINSON

Mailing Address 1315 NE 20TH AVENUE

City State Zip Code  
CAPR CORAL FL 33909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.108767

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
WILLIE D ROBINSON

Mailing Address 6919 N. SUMMERFIELD DR.

City State Zip Code  
INDIANAPOLIS IN 46214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.111092

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

476.00

**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 359 / 585  
(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)  
WILLIE D ROBINSON

Mailing Address 6919 N. SUMMERFIELD DR.

City INDIANAPOLIS State IN Zip Code 46214

FEC ID number of contributing federal political committee. **C**

Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.114678

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
ALBERT T ROBLES

Mailing Address 1903 TEMPLE AVE  
UNIT 113

City SIGNAL HILL State CA Zip Code 90755-5603

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.108381

Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
ALBERT T ROBLES

Mailing Address 1903 TEMPLE AVE  
UNIT 113

City SIGNAL HILL State CA Zip Code 90755-5603

FEC ID number of contributing federal political committee. **C**

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.109386

Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 / 585  
(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)  
LOUIS M ROCHA

Mailing Address 2740 COOPER AVE

City State Zip Code  
SAGINAW MI 48602-3719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

Transaction ID: SA11AI.109399

Amount of Each Receipt this Period  
160.00

**B.**

Full Name (Last, First, Middle Initial)  
LOUIS M ROCHA

Mailing Address 2740 COOPER AVE

City State Zip Code  
SAGINAW MI 48602-3719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2009

Transaction ID: SA11AI.108758

Amount of Each Receipt this Period  
24.00

**C.**

Full Name (Last, First, Middle Initial)  
KATHLEEN RODGERS-PERKINS

Mailing Address 6457 S ESTES ST

City State Zip Code  
LITTLETON CO 80123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI-  
ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.110818

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **209.00**

**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 361 / 585  
(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)  
EDUARDO RODRIGUEZ

Mailing Address 1121 EARLWOOD AVE

City State Zip Code  
OREGON OH 43616-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.113323

Amount of Each Receipt this Period  
34.62

**B.** Full Name (Last, First, Middle Initial)  
EDUARDO RODRIGUEZ

Mailing Address 1121 EARLWOOD AVE

City State Zip Code  
OREGON OH 43616-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.115318

Amount of Each Receipt this Period  
5.77

**C.** Full Name (Last, First, Middle Initial)  
EDUARDO RODRIGUEZ

Mailing Address 1121 EARLWOOD AVE

City State Zip Code  
OREGON OH 43616-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.110730

Amount of Each Receipt this Period  
5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **46.16**

**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 362 / 585  
(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)  
EDUARDO RODRIGUEZ

Mailing Address 1121 EARLWOOD AVE

City State Zip Code  
OREGON OH 43616-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2009

**Transaction ID:** SA11AI.111278

Amount of Each Receipt this Period  
5.77

**B.** Full Name (Last, First, Middle Initial)  
EDUARDO RODRIGUEZ

Mailing Address 1121 EARLWOOD AVE

City State Zip Code  
OREGON OH 43616-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.11

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2009

**Transaction ID:** SA11AI.111279

Amount of Each Receipt this Period  
5.77

**C.** Full Name (Last, First, Middle Initial)  
RANDELL C ROGERS

Mailing Address P O BOX 67

City State Zip Code  
BRIDGEPORT AL 35740-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SIEMENS AG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** SA11AI.112065

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 86.54

**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: (check only one)	PAGE 363 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT ROSE	Date of Receipt
	Mailing Address PO BOX 140511	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City State Zip Code TOLEDO OH 43614-0809	<b>Transaction ID:</b> SA11AI.108842
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="18.75"/>
	Name of Employer Occupation TOLEDO TECHNOLOGIES FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="218.75"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) PAULETTE ROTHSCHILD	Date of Receipt
	Mailing Address 1347 HOUSTON AVENUE	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City State Zip Code STOCKTON CA 95206-2818	<b>Transaction ID:</b> SA11AI.114210
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
	Name of Employer Occupation NEW UNITED MOTORS MFG FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) PAULETTE ROTHSCHILD	Date of Receipt
	Mailing Address 1347 HOUSTON AVENUE	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City State Zip Code STOCKTON CA 95206-2818	<b>Transaction ID:</b> SA11AI.113697
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
	Name of Employer Occupation NEW UNITED MOTORS MFG FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="78.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 585  
(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)  
PAULETTE ROTHSCHILD

Mailing Address 1347 HOUSTON AVENUE

City State Zip Code  
STOCKTON CA 95206-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.113698

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
PAULETTE ROTHSCHILD

Mailing Address 1347 HOUSTON AVENUE

City State Zip Code  
STOCKTON CA 95206-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.114684

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN RUPLE

Mailing Address 120 E QUEENS DR

City State Zip Code  
SLIDELL LA 70458-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.109154

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 585

(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)  
ROLAND RUSIE JR

Mailing Address 5007 APPLE SPRUCE DR

City State Zip Code  
INDIANAPOLIS IN 46235-4747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2009

Transaction ID: SA11AI.110983

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)  
ROLAND RUSIE JR

Mailing Address 5007 APPLE SPRUCE DR

City State Zip Code  
INDIANAPOLIS IN 46235-4747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 07 / 2009

Transaction ID: SA11AI.110449

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
SHANE SACK

Mailing Address 6110 GRAND BLANC RD

City State Zip Code  
SWARTZ CREEK MI 48473-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR CORP 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  
07 / 24 / 2009

Transaction ID: SA11AI.113131

Amount of Each Receipt this Period

310.00

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**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 366 / 585  
(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)  
SHANE SACK

Mailing Address 6110 GRAND BLANC RD

City State Zip Code  
SWARTZ CREEK MI 48473-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR CORP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID:** SA11AI.113657

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
SHANE SACK

Mailing Address 6110 GRAND BLANC RD

City State Zip Code  
SWARTZ CREEK MI 48473-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR CORP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 29 / 2009

**Transaction ID:** SA11AI.113132

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
SHANE SACK

Mailing Address 6110 GRAND BLANC RD

City State Zip Code  
SWARTZ CREEK MI 48473-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR CORP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 04 / 2009

**Transaction ID:** SA11AI.114179

Amount of Each Receipt this Period  
355.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **370.00**

**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 367 / 585  
(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)  
JOSEPH SAGY

Mailing Address 1109 S GENEVA DR

City DEWITT State MI Zip Code 48820

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 ▼ 518.00

Date of Receipt: 11 / 04 / 2009  
**Transaction ID:** SA11AI.114767  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
PHILLIP M SALAICES JR

Mailing Address 19868 WAVERLY AVENUE

City HAYWARD State CA Zip Code 94541-2336

FEC ID number of contributing federal political committee. **C**

Name of Employer NEW UNITED MOTOR MFG INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2009  
**Transaction ID:** SA11AI.109595  
 Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL SAMPSEL

Mailing Address 704 PARKER AVENUE

City TOLEDO State OH Zip Code 43605-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.109143  
 Amount of Each Receipt this Period: 34.62

**SUBTOTAL** of Receipts This Page (optional) ..... ► 564.62

**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 368 / 585

(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)  
MICHAEL SAMPSEL

Mailing Address 704 PARKER AVENUE

City State Zip Code  
TOLEDO OH 43605-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.108617

Amount of Each Receipt this Period

5.77

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL SAMPSEL

Mailing Address 704 PARKER AVENUE

City State Zip Code  
TOLEDO OH 43605-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.109591

Amount of Each Receipt this Period

5.77

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL SAMPSEL

Mailing Address 704 PARKER AVENUE

City State Zip Code  
TOLEDO OH 43605-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.108618

Amount of Each Receipt this Period

5.77

**SUBTOTAL** of Receipts This Page (optional) .....

17.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 585  
(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 SAMPSEL

Mailing Address 704 PARKER AVENUE

City Toledo State OH Zip Code 43605-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt 12 / 16 / 2009

Transaction ID: SA11AI.108801

Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
GARY SANDERS

Mailing Address 14910 GARFIELD AVE

City Paramount State CA Zip Code 90723-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL 887 Occupation LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 23 / 2009

Transaction ID: SA11AI.113706

Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
GARY SANDERS

Mailing Address 14910 GARFIELD AVE

City Paramount State CA Zip Code 90723-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer UAW LOCAL 887 Occupation LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 24 / 2009

Transaction ID: SA11AI.113707

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 55.77

**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 370 / 585  
(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)  
GARY SANDERS  
 Mailing Address 14910 GARFIELD AVE  
 City State Zip Code  
PARAMOUNT CA 90723-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UAW LOCAL 887 LOCAL UNION OFFICER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 0 / 2 0 0 9  
**Transaction ID:** SA11AI.113708  
 Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
GARY SANDERS  
 Mailing Address 14910 GARFIELD AVE  
 City State Zip Code  
PARAMOUNT CA 90723-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UAW LOCAL 887 LOCAL UNION OFFICER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 5 / 2 0 0 9  
**Transaction ID:** SA11AI.113709  
 Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
GARY SANDERS  
 Mailing Address 14910 GARFIELD AVE  
 City State Zip Code  
PARAMOUNT CA 90723-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UAW LOCAL 887 LOCAL UNION OFFICER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 5 / 2 0 0 9  
**Transaction ID:** SA11AI.113175  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 585  
(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)  
GARY SANDERS

Mailing Address 14910 GARFIELD AVE

City State Zip Code  
PARAMOUNT CA 90723-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAW LOCAL 887 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.110031

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
GARY SANDERS

Mailing Address 14910 GARFIELD AVE

City State Zip Code  
PARAMOUNT CA 90723-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAW LOCAL 887 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.115169

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
GARY SANDERS

Mailing Address 14910 GARFIELD AVE

City State Zip Code  
PARAMOUNT CA 90723-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAW LOCAL 887 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

**Transaction ID:** SA11AI.112191

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 585  
(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)  
SERGIO SANTOS

Mailing Address 48417 COTTONWOOD ST

City State Zip Code  
FREMONT CA 94539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.113818

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
SERGIO SANTOS

Mailing Address 48417 COTTONWOOD ST

City State Zip Code  
FREMONT CA 94539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.110692

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
SERGIO SANTOS

Mailing Address 48417 COTTONWOOD ST

City State Zip Code  
FREMONT CA 94539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW UNITED MOTORS MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2009

**Transaction ID:** SA11AI.110141

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 585  
(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)  
ROBIN L SAVAGE

Mailing Address 1339 NEBRASKA AVENUE

City Toledo State OH Zip Code 43607-4159

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 19 / 2009  
Transaction ID: SA11AI.115521  
Amount of Each Receipt this Period: 62.50

**B.** Full Name (Last, First, Middle Initial)  
ROBIN L SAVAGE

Mailing Address 1339 NEBRASKA AVENUE

City Toledo State OH Zip Code 43607-4159

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2009  
Transaction ID: SA11AI.110369  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
ROBIN L SAVAGE

Mailing Address 1339 NEBRASKA AVENUE

City Toledo State OH Zip Code 43607-4159

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 19 / 2009  
Transaction ID: SA11AI.111458  
Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 585  
(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)  
ROBIN L SAVAGE

Mailing Address 1339 NEBRASKA AVENUE

City Toledo State OH Zip Code 43607-4159

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY 12 / 08 / 2009

Transaction ID: SA11AI.115522

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
ROBIN L SAVAGE

Mailing Address 1339 NEBRASKA AVENUE

City Toledo State OH Zip Code 43607-4159

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt: MM / DD / YYYY 12 / 11 / 2009

Transaction ID: SA11AI.115523

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
DAVID J SCALISI

Mailing Address 7889 RT. 20

City MANLIUS State NY Zip Code 13104

FEC ID number of contributing federal political committee. **C**

Name of Employer MAGNA INTERNATIONAL INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY 11 / 04 / 2009

Transaction ID: SA11AI.114408

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN SCHILLING		Date of Receipt MM / DD / YYYY 10 / 15 / 2009		
	Mailing Address 5403 SAYLE ST APT 158		<b>Transaction ID:</b> SA11AI.114680		
	City GREENVILLE	State TX	Zip Code 75402-6389	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RAYTHEON COMPANY	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN SCHILLING		Date of Receipt MM / DD / YYYY 10 / 19 / 2009		
	Mailing Address 5403 SAYLE ST APT 158		<b>Transaction ID:</b> SA11AI.111098		
	City GREENVILLE	State TX	Zip Code 75402-6389	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RAYTHEON COMPANY	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN SCHILLING		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 5403 SAYLE ST APT 158		<b>Transaction ID:</b> SA11AI.113695		
	City GREENVILLE	State TX	Zip Code 75402-6389	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RAYTHEON COMPANY	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 585  
(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)  
 JOHN SCHILLING  
 Mailing Address 5403 SAYLE ST  
 APT 158  
 City Greenville State TX Zip Code 75402-6389  
 Date of Receipt 12 / 16 / 2009  
**Transaction ID:** SA11AI.115158  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAYTHEON COMPANY Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
 DANIEL SCHNEIDER  
 Mailing Address 5901 TIMBERGATE TRL  
 City Huber Heights State OH Zip Code 45424-1174  
 Date of Receipt 10 / 27 / 2009  
**Transaction ID:** SA11AI.111616  
 Amount of Each Receipt this Period 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.81

**C.** Full Name (Last, First, Middle Initial)  
 DANIEL SCHNEIDER  
 Mailing Address 5901 TIMBERGATE TRL  
 City Huber Heights State OH Zip Code 45424-1174  
 Date of Receipt 11 / 19 / 2009  
**Transaction ID:** SA11AI.110002  
 Amount of Each Receipt this Period 60.00  
 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 ▼ 273.81

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 585  
(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)  
DANIEL SCHNEIDER

Mailing Address 5901 TIMBERGATE TRL

City State Zip Code  
HUBER HEIGHTS OH 45424-1174

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 303.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

**Transaction ID:** SA11AI.111062

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
BRUCE SCHWEIZER

Mailing Address 15640 SPRING MILL DR.

City State Zip Code  
MISHAWAKA IN 46545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AM GENERAL FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.114337

Amount of Each Receipt this Period  
228.00

**C.** Full Name (Last, First, Middle Initial)  
NED SCOTT

Mailing Address 25146 CLIFFROSE STREET

City State Zip Code  
CORONA AREA CA 92883

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** SA11AI.109634

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **558.00**

**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 378 / 585  
(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)  
JEREMY SEIBERT

Mailing Address PO BOX 21

City State Zip Code  
BATH IN 47010-0021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PHILIP MORRIS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

Transaction ID: SA11AI.108810

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID D SHARP

Mailing Address 5517 STAFFORD DR

City State Zip Code  
FORT WORTH TX 76134-2334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BALL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.108387

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
GARY SHARP

Mailing Address 906 PARK PL

City State Zip Code  
SLIDELL LA 70458-3863

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.109978

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 585  
(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)  
JESSE SHARP

Mailing Address 5517 STAFFORD DR

City State Zip Code  
FORT WORTH TX 76134-2334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BALL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** SA11AI.115065

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
TERRY SHARPE

Mailing Address 3 SCHOOL ST  
PO BOX 283

City State Zip Code  
MCLEAN NY 13102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CORNELL UNIVERSITY CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** SA11AI.112384

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
TERRY SHARPE

Mailing Address 3 SCHOOL ST  
PO BOX 283

City State Zip Code  
MCLEAN NY 13102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CORNELL UNIVERSITY CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2009

**Transaction ID:** SA11AI.115380

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 585  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.**

Full Name (Last, First, Middle Initial) TERRY SHARPE		Date of Receipt																				
Mailing Address 3 SCHOOL ST PO BOX 283		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	4	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	4	/	2	0	0	9													
City State Zip Code MCLEAN NY 13102		<b>Transaction ID:</b> SA11AI.110245																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																				
Name of Employer CORNELL UNIVERSITY	Occupation CLERK																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00																					

**B.**

Full Name (Last, First, Middle Initial) TERRY SHARPE		Date of Receipt																				
Mailing Address 3 SCHOOL ST PO BOX 283		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	9													
City State Zip Code MCLEAN NY 13102		<b>Transaction ID:</b> SA11AI.112385																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00																				
Name of Employer CORNELL UNIVERSITY	Occupation CLERK																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00																					

**C.**

Full Name (Last, First, Middle Initial) TERRY SHARPE		Date of Receipt																				
Mailing Address 3 SCHOOL ST PO BOX 283		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	5	/	2	0	0	9													
City State Zip Code MCLEAN NY 13102		<b>Transaction ID:</b> SA11AI.111855																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00																				
Name of Employer CORNELL UNIVERSITY	Occupation CLERK																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> 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 381 / 585  
(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)  
RALPH SHEARN JR  
Mailing Address 118 NORTH MONROE ST.  
City State Zip Code  
FREMONT OH 43420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
UAW LOCAL UNION LOCAL UNION OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt: MM / DD / YYYY  
11 / 02 / 2009  
Transaction ID: SA11AI.108860  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
SHERRI SHERROD  
Mailing Address 3102 N OLNEY ST  
City State Zip Code  
INDIANAPOLIS IN 46218-2133  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt: MM / DD / YYYY  
10 / 27 / 2009  
Transaction ID: SA11AI.113549  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
SHERRI SHERROD  
Mailing Address 3102 N OLNEY ST  
City State Zip Code  
INDIANAPOLIS IN 46218-2133  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: MM / DD / YYYY  
11 / 19 / 2009  
Transaction ID: SA11AI.114549  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) REGINA SHINAUL	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address 1752 TECUMSEH	<b>Transaction ID:</b> SA11AI.114621
	City State Zip Code TOLEDO OH 43607	Amount of Each Receipt this Period 23.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95	

<b>B.</b>	Full Name (Last, First, Middle Initial) REGINA SHINAUL	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 1752 TECUMSEH	<b>Transaction ID:</b> SA11AI.114144
	City State Zip Code TOLEDO OH 43607	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.57	

<b>C.</b>	Full Name (Last, First, Middle Initial) REGINA SHINAUL	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 1752 TECUMSEH	<b>Transaction ID:</b> SA11AI.112594
	City State Zip Code TOLEDO OH 43607	Amount of Each Receipt this Period 5.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	63.47
<b>TOTAL</b> 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 383 / 585  
(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)  
REGINA SHINAUL

Mailing Address 1752 TECUMSEH

City Toledo State OH Zip Code 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.11

Date of Receipt: 12 / 08 / 2009  
Transaction ID: SA11AI.112112  
Amount of Each Receipt this Period: 5.77

**B.** Full Name (Last, First, Middle Initial)  
REGINA SHINAUL

Mailing Address 1752 TECUMSEH

City Toledo State OH Zip Code 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt: 12 / 09 / 2009  
Transaction ID: SA11AI.111571  
Amount of Each Receipt this Period: 5.77

**C.** Full Name (Last, First, Middle Initial)  
REGINA SHINAUL

Mailing Address 1752 TECUMSEH

City Toledo State OH Zip Code 43607

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 259.65

Date of Receipt: 12 / 16 / 2009  
Transaction ID: SA11AI.113100  
Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 585  
(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 SHOOP

Mailing Address 18529 SHERBROOKE DR

City HAGERSTOWN State MD Zip Code 21742-2320

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 ▼ 225.00

Date of Receipt: MM / DD / YYYY  
11 / 03 / 2009

Transaction ID: SA11AI.109392

Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY SHROCK

Mailing Address 508 HOLLY LANE

City KOKOMO State IN Zip Code 46902

FEC ID number of contributing federal political committee. **C**

Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
08 / 03 / 2009

Transaction ID: SA11AI.112772

Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
JASON L SHROUT

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt: MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.114333

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 585  
(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)  
JASON L SHROUT  
Mailing Address 2320 S TIBBS AVE  
City INDIANAPOLIS State IN Zip Code 46241-4801  
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 MM / DD / YYYY 12 / 08 / 2009  
Transaction ID: SA11AI.111775  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
JUAN CARLOS SILVA  
Mailing Address 21759 FM 508  
City HARLINGEN State TX Zip Code 78550-1608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt MM / DD / YYYY 11 / 02 / 2009  
Transaction ID: SA11AI.108640  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
JODI SITCLER  
Mailing Address 14627 FIRETHORNE PATH  
City FORT WAYNE State IN Zip Code 46814-8914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY 07 / 31 / 2009  
Transaction ID: SA11AI.111904  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 585

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.**

Full Name (Last, First, Middle Initial)  
TERRY SLATER

Mailing Address 7962 SPRINGWATER DR W # WE

City State Zip Code  
INDIANAPOLIS IN 46256-1686

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.113023

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
TERRY SLATER

Mailing Address 7962 SPRINGWATER DR W # WE

City State Zip Code  
INDIANAPOLIS IN 46256-1686

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.112506

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
TERRY SLATER

Mailing Address 7962 SPRINGWATER DR W # WE

City State Zip Code  
INDIANAPOLIS IN 46256-1686

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.110955

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

100.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 585  
(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)  
RUVETTE L SLATTON  
Mailing Address 638 E PEARL ST  
City TOLEDO State OH Zip Code 43608-1335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 219.26  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.112694  
Amount of Each Receipt this Period 34.62

**B.** Full Name (Last, First, Middle Initial)  
RUVETTE L SLATTON  
Mailing Address 638 E PEARL ST  
City TOLEDO State OH Zip Code 43608-1335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.03  
Date of Receipt 11 / 19 / 2009  
Transaction ID: SA11AI.110067  
Amount of Each Receipt this Period 5.77

**C.** Full Name (Last, First, Middle Initial)  
RUVETTE L SLATTON  
Mailing Address 638 E PEARL ST  
City TOLEDO State OH Zip Code 43608-1335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.80  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.115205  
Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 46.16  
**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 388 / 585  
(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)  
RUVETTE L SLATTON  
Mailing Address 638 E PEARL ST  
City TOLEDO State OH Zip Code 43608-1335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.57  
Date of Receipt: 12 / 09 / 2009  
Transaction ID: SA11AI.114720  
Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
RUVETTE L SLATTON  
Mailing Address 638 E PEARL ST  
City TOLEDO State OH Zip Code 43608-1335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34  
Date of Receipt: 12 / 16 / 2009  
Transaction ID: SA11AI.113201  
Amount of Each Receipt this Period 5.77

**C.** Full Name (Last, First, Middle Initial)  
FRANK B SLIVA  
Mailing Address 2320 S TIBBS AVE  
City INDIANAPOLIS State IN Zip Code 46241-4801  
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 ▼ 225.00  
Date of Receipt: 11 / 13 / 2009  
Transaction ID: SA11AI.112412  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 61.54  
**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 389 / 585  
(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)  
FRANK B SLIVA

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: 12 / 08 / 2009  
**Transaction ID:** SA11AI.114919  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
KATHY SLUSHER

Mailing Address 5100 TIFFIN AVENUE

City CASTALIA State OH Zip Code 44824-9431

FEC ID number of contributing federal political committee. **C**

Name of Employer VACATIONLAND FEDERAL CR UN Occupation CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2009  
**Transaction ID:** SA11AI.108676  
 Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
KATHY SLUSHER

Mailing Address 5100 TIFFIN AVENUE

City CASTALIA State OH Zip Code 44824-9431

FEC ID number of contributing federal political committee. **C**

Name of Employer VACATIONLAND FEDERAL CR UN Occupation CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID:** SA11AI.109330  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 585  
(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)  
C H SMIDDY  
 Mailing Address 12129 URBANA LONDON RD  
 City State Zip Code  
 MECHANICSBURG OH 43044-9316  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 25 / 2009  
**Transaction ID:** SA11AI.112725  
 Amount of Each Receipt this Period  
 225.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**B.** Full Name (Last, First, Middle Initial)  
C H SMIDDY  
 Mailing Address 12129 URBANA LONDON RD  
 City State Zip Code  
 MECHANICSBURG OH 43044-9316  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2009  
**Transaction ID:** SA11AI.110631  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

**C.** Full Name (Last, First, Middle Initial)  
DOUGLAS D SMITH  
 Mailing Address 3967 MANNING ST  
 City State Zip Code  
 MUSKEGON MI 49444-4142  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 02 / 2009  
**Transaction ID:** SA11AI.115812  
 Amount of Each Receipt this Period  
 320.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 595.00  
**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 391 / 585

(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)  
JAMES D SMITH

Mailing Address 2937 BIRDIE LANE

City State Zip Code  
DRAPER VA 24324-2011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOLVO (AB) FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.110762

Amount of Each Receipt this Period  
25.00

B.

Full Name (Last, First, Middle Initial)  
R E SMITH

Mailing Address 6972 STATE ROUTE 29

City State Zip Code  
MECHANICSBURG OH 43044-9712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.112450

Amount of Each Receipt this Period  
280.00

C.

Full Name (Last, First, Middle Initial)  
R E SMITH

Mailing Address 6972 STATE ROUTE 29

City State Zip Code  
MECHANICSBURG OH 43044-9712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.111935

Amount of Each Receipt this Period  
70.00

**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 392 / 585  
(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)  
RONALD M SMITH

Mailing Address 3185 CURTIS RD

City State Zip Code  
BIRCH RUN MI 48415-9021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

Transaction ID: SA11AI.111686

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY G SMITH

Mailing Address 572 CHANDLERS RD

City State Zip Code  
AUBURN KY 42206-5322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MAHLE FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2009

Transaction ID: SA11AI.111410

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM E SMITH JR

Mailing Address 5470 BROADMOOR PLZ

City State Zip Code  
INDIANAPOLIS IN 46228-2025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.113825

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 585

(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)  
TIMOTHY SNYDER

Mailing Address 2090 WOODCREEK DR

City State Zip Code  
AVON IN 46123-8094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.111487

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY SNYDER

Mailing Address 2090 WOODCREEK DR

City State Zip Code  
AVON IN 46123-8094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.115042

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY SNYDER

Mailing Address 2090 WOODCREEK DR

City State Zip Code  
AVON IN 46123-8094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.110956

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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)  
GEORGE SOLANDER

Mailing Address PO BOX 597

City State Zip Code  
FLAT ROCK OH 44828-0597

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BELLEVUE MFG CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.113505

Amount of Each Receipt this Period 80.00

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE SOLANDER

Mailing Address PO BOX 597

City State Zip Code  
FLAT ROCK OH 44828-0597

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BELLEVUE MFG CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.113506

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
GEORGE SOLANDER

Mailing Address PO BOX 597

City State Zip Code  
FLAT ROCK OH 44828-0597

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BELLEVUE MFG CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

**Transaction ID:** SA11AI.111980

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... 170.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 585  
(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)  
 GEORGE SOLANDER  
 Mailing Address PO BOX 597  
 City State Zip Code  
 FLAT ROCK OH 44828-0597  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 9  
**Transaction ID:** SA11AI.115509  
 Amount of Each Receipt this Period  
 40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BELLEVUE MFG CO FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 380.00

**B.** Full Name (Last, First, Middle Initial)  
 FRANK SOUZA  
 Mailing Address 33887 FLORA SPRINGS ST  
 City State Zip Code  
 TEMECULA CA 92592  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9  
**Transaction ID:** SA11AI.108661  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

**C.** Full Name (Last, First, Middle Initial)  
 JIMMIE SPATES  
 Mailing Address 5305 NORTHFIELD RD APT 106  
 City State Zip Code  
 BEDFORD HEIGHTS OH 44146  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 7 / 1 5 / 2 0 0 9  
**Transaction ID:** SA11AI.108764  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALCOA INC FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 475.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 415.00  
**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 396 / 585  
(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)  
JIMMIE SPATES

Mailing Address 5305 NORTHFIELD RD APT 106

City State Zip Code  
BEDFORD HEIGHTS OH 44146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2009

Transaction ID: SA11AI.108252

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
JIMMIE SPATES

Mailing Address 5305 NORTHFIELD RD APT 106

City State Zip Code  
BEDFORD HEIGHTS OH 44146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2009

Transaction ID: SA11AI.109262

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
JIMMIE SPATES

Mailing Address 5305 NORTHFIELD RD APT 106

City State Zip Code  
BEDFORD HEIGHTS OH 44146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2009

Transaction ID: SA11AI.109884

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

75.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 585  
(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)  
JIMMIE SPATES

Mailing Address 5305 NORTHFIELD RD APT 106

City State Zip Code  
BEDFORD HEIGHTS OH 44146

FEC ID number of contributing federal political committee. **C**

Name of Employer ALCOA INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 10 / 19 / 2009  
Transaction ID: SA11AI.108253  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT STACKPOOLE

Mailing Address 46254 PEACH GROVE AVE

City State Zip Code  
MACOMB MI 48044-3498

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 ▼ 250.00

Date of Receipt: 10 / 08 / 2009  
Transaction ID: SA11AI.115852  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
SCOTT STACKPOOLE

Mailing Address 46254 PEACH GROVE AVE

City State Zip Code  
MACOMB MI 48044-3498

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 ▼ 253.00

Date of Receipt: 12 / 02 / 2009  
Transaction ID: SA11AI.115740  
Amount of Each Receipt this Period: 3.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 278.00

**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 398 / 585  
(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)  
SCOTT STACKPOOLE  
Mailing Address 46254 PEACH GROVE AVE  
City MACOMB State MI Zip Code 48044-3498  
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 ▼ 254.00  
Date of Receipt 12 / 03 / 2009  
Transaction ID: SA11AI.115829  
Amount of Each Receipt this Period 1.00

**B.** Full Name (Last, First, Middle Initial)  
HARRY S STANTON  
Mailing Address 4147 NELSON RD  
City CAZENOVIA State NY Zip Code 13035-9433  
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 ▼ 250.00  
Date of Receipt 11 / 04 / 2009  
Transaction ID: SA11AI.114626  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
GREGORY STARK  
Mailing Address 125 EL RIO DR  
City LAKE HAVASU CITY State AZ Zip Code 86403-5828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOEING COMPANY Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: SA11AI.112879  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 76.00  
**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 399 / 585  
(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) GREGORY STARK		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 125 EL RIO DR		<b>Transaction ID:</b> SA11AI.111348
City LAKE HAVASU CITY	State AZ	Zip Code 86403-5828
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer BOEING COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) DAVID L STAUCH		Date of Receipt MM / DD / YYYY 09 / 24 / 2009
Mailing Address 2665 LEWISBERRY RD		<b>Transaction ID:</b> SA11AI.114643
City YORK	State PA	Zip Code 17404-1345
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer YORK INTERNATIONAL CORPOR- ATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**C.**

Full Name (Last, First, Middle Initial) DAVID L STAUCH		Date of Receipt MM / DD / YYYY 10 / 07 / 2009
Mailing Address 2665 LEWISBERRY RD		<b>Transaction ID:</b> SA11AI.115128
City YORK	State PA	Zip Code 17404-1345
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer YORK INTERNATIONAL CORPOR- ATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.00</b>
<b>TOTAL</b> 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 400 / 585  
(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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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)  
DAVID L STAUCH

Mailing Address 2665 LEWISBERRY RD

City YORK State PA Zip Code 17404-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer YORK INTERNATIONAL CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 19 / 2009  
**Transaction ID:** SA11AI.113646  
 Amount of Each Receipt this Period: 40.00

**B.**

Full Name (Last, First, Middle Initial)  
STEPHEN J STEPHENS

Mailing Address 2853 SCOTTWOOD AVE

City TOLEDO State OH Zip Code 43610-1629

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.113802  
 Amount of Each Receipt this Period: 34.62

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN J STEPHENS

Mailing Address 2853 SCOTTWOOD AVE

City TOLEDO State OH Zip Code 43610-1629

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 11 / 19 / 2009  
**Transaction ID:** SA11AI.114297  
 Amount of Each Receipt this Period: 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.39**

**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 401 / 585  
(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) STEPHEN J STEPHENS		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 2853 SCOTTWOOD AVE		<b>Transaction ID:</b> SA11AI.115270
City TOLEDO	State OH	Zip Code 43610-1629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.57	

**B.**

Full Name (Last, First, Middle Initial) STEPHEN J STEPHENS		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 2853 SCOTTWOOD AVE		<b>Transaction ID:</b> SA11AI.111214
City TOLEDO	State OH	Zip Code 43610-1629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

**C.**

Full Name (Last, First, Middle Initial) STEPHEN J STEPHENS		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address 2853 SCOTTWOOD AVE		<b>Transaction ID:</b> SA11AI.110120
City TOLEDO	State OH	Zip Code 43610-1629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.11	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	17.31
<b>TOTAL</b> 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 402 / 585

(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)  
JAMES D STEVENS

Mailing Address 5157 COLUMBUS SANDUSKY RD N

City State Zip Code  
MARION OH 43302-9719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PPG INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.114280

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES D STEVENS

Mailing Address 5157 COLUMBUS SANDUSKY RD N

City State Zip Code  
MARION OH 43302-9719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PPG INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.113778

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)  
JAMES D STEVENS

Mailing Address 5157 COLUMBUS SANDUSKY RD N

City State Zip Code  
MARION OH 43302-9719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PPG INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.112250

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 585  
(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)  
D E STJOHN

Mailing Address 1506 IRON TRAIL W DR

City State Zip Code  
INDIANAPOLIS IN 46234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.114220

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
NORA STOCKTON

Mailing Address 3628 WISHBONE BLVD

City State Zip Code  
INDIANAPOLIS IN 46268-3641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.111843

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
NORA STOCKTON

Mailing Address 3628 WISHBONE BLVD

City State Zip Code  
INDIANAPOLIS IN 46268-3641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

**Transaction ID:** SA11AI.114395

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 585  
(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)  
NORA STOCKTON

Mailing Address 3628 WISHBONE BLVD

City State Zip Code  
INDIANAPOLIS IN 46268-3641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2009

Transaction ID: SA11AI.112372

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK A STONER

Mailing Address 2415 ROSS STREET

City State Zip Code  
NORTHWOOD OH 43619-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

Transaction ID: SA11AI.112283

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
MARK A STONER

Mailing Address 2415 ROSS STREET

City State Zip Code  
NORTHWOOD OH 43619-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

Transaction ID: SA11AI.110679

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **335.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 585  
(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)  
MARK A STONER

Mailing Address 2415 ROSS STREET

City NORTHWOOD State OH Zip Code 43619-1417

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 ▼ 650.00

Date of Receipt: 12 / 03 / 2009  
Transaction ID: SA11AI.113810  
Amount of Each Receipt this Period: 5.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK A STONER

Mailing Address 2415 ROSS STREET

City NORTHWOOD State OH Zip Code 43619-1417

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 ▼ 655.00

Date of Receipt: 12 / 07 / 2009  
Transaction ID: SA11AI.112767  
Amount of Each Receipt this Period: 5.00

**C.**

Full Name (Last, First, Middle Initial)  
JIMMY STOUFER SR

Mailing Address 315 E LONGFELLOW ST

City KANSAS CITY State MO Zip Code 64119-1728

FEC ID number of contributing federal political committee. **C**

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 06 / 2009  
Transaction ID: SA11AI.112573  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 406 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) JIMMY STOUFER SR	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 315 E LONGFELLOW ST	<b>Transaction ID:</b> SA11AI.111006
	City State Zip Code KANSAS CITY MO 64119-1728	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JIMMY STOUFER SR	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 315 E LONGFELLOW ST	<b>Transaction ID:</b> SA11AI.112099
	City State Zip Code KANSAS CITY MO 64119-1728	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JIMMY STOUFER SR	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 315 E LONGFELLOW ST	<b>Transaction ID:</b> SA11AI.114130
	City State Zip Code KANSAS CITY MO 64119-1728	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> 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 407 / 585  
(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)  
JIMMY STOUFER SR  
Mailing Address 315 E LONGFELLOW ST  
City State Zip Code  
KANSAS CITY MO 64119-1728  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00  
Date of Receipt MM / DD / YYYY  
12 / 07 / 2009  
Transaction ID: SA11AI.112574  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES R STROWD  
Mailing Address 6881 ROBERTS LN  
City State Zip Code  
FORT WORTH TX 76140-8441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00  
Date of Receipt MM / DD / YYYY  
08 / 25 / 2009  
Transaction ID: SA11AI.114181  
Amount of Each Receipt this Period 216.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES R STROWD  
Mailing Address 6881 ROBERTS LN  
City State Zip Code  
FORT WORTH TX 76140-8441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 468.00  
Date of Receipt MM / DD / YYYY  
09 / 03 / 2009  
Transaction ID: SA11AI.112631  
Amount of Each Receipt this Period 156.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 397.00  
**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 408 / 585  
(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)  
JAMES R STROWD

Mailing Address 6881 ROBERTS LN

City State Zip Code  
FORT WORTH TX 76140-8441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2009

Transaction ID: SA11AI.110532

Amount of Each Receipt this Period  
108.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES R STROWD

Mailing Address 6881 ROBERTS LN

City State Zip Code  
FORT WORTH TX 76140-8441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2009

Transaction ID: SA11AI.112149

Amount of Each Receipt this Period  
48.00

**C.**

Full Name (Last, First, Middle Initial)  
JAMES R STROWD

Mailing Address 6881 ROBERTS LN

City State Zip Code  
FORT WORTH TX 76140-8441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOUGHT AIRCRAFT INDUSTRIES FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.114651

Amount of Each Receipt this Period  
48.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 204.00

**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: (check only one)	PAGE 409 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) GARY L STUGLIN	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 1623 HURON	<b>Transaction ID:</b> SA11AI.110996
	City State Zip Code ROYAL OAK MI 48073	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT STUGLIN	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 4404 ROCHESTER RD	<b>Transaction ID:</b> SA11AI.115891
	City State Zip Code ROYAL OAK MI 48073-2041	Amount of Each Receipt this Period 330.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT STUGLIN	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 4404 ROCHESTER RD	<b>Transaction ID:</b> SA11AI.115684
	City State Zip Code ROYAL OAK MI 48073-2041	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 410 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT STUGLIN	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 4404 ROCHESTER RD	<b>Transaction ID:</b> SA11AI.115779
	City State Zip Code ROYAL OAK MI 48073-2041	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT STUGLIN	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 4404 ROCHESTER RD	<b>Transaction ID:</b> SA11AI.115864
	City State Zip Code ROYAL OAK MI 48073-2041	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT D SUMMERS	Date of Receipt MM / DD / YYYY 08 / 25 / 2009
	Mailing Address 367 SHADOW HILL DR	<b>Transaction ID:</b> SA11AI.115231
	City State Zip Code GREENWOOD IN 46142-8451	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	265.00
<b>TOTAL</b> 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 411 / 585  
(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 D SUMMERS  
Mailing Address 367 SHADOW HILL DR  
City GREENWOOD State IN Zip Code 46142-8451  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009  
Transaction ID: SA11AI.112238  
Amount of Each Receipt this Period  
25.00

Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES R SUTTON  
Mailing Address 129 WASHINGTON  
City MOUNT CLEMENS State MI Zip Code 48043  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009  
Transaction ID: SA11AI.111304  
Amount of Each Receipt this Period  
180.00

Name of Employer CHRYSLER LLC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

**C.** Full Name (Last, First, Middle Initial)  
CHARLES R SUTTON  
Mailing Address 129 WASHINGTON  
City MOUNT CLEMENS State MI Zip Code 48043  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009  
Transaction ID: SA11AI.112355  
Amount of Each Receipt this Period  
60.00

Name of Employer CHRYSLER LLC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 265.00  
**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 412 / 585

(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)  
CHARLES R SUTTON

Mailing Address 129 WASHINGTON

City State Zip Code  
MOUNT CLEMENS MI 48043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC 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 Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.114377

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN M SWANGLER

Mailing Address 7221 PARKWYN AVE

City State Zip Code  
BRISTOL PA 19007-5824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TIBBETT & BRITTEN GROUP PLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.110421

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN M SWANGLER

Mailing Address 7221 PARKWYN AVE

City State Zip Code  
BRISTOL PA 19007-5824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TIBBETT & BRITTEN GROUP PLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.114088

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 585  
(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)  
JERRY SWEARNS

Mailing Address 403 PORTSMOUTH DR

City State Zip Code  
SLIDELL LA 70460-8407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.111240

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
PATRICK J SWEENEY

Mailing Address 940 MARY DR

City State Zip Code  
LAPEER MI 48446-3441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.114106

Amount of Each Receipt this Period  
340.00

**C.**

Full Name (Last, First, Middle Initial)  
PATRICK J SWEENEY

Mailing Address 940 MARY DR

City State Zip Code  
LAPEER MI 48446-3441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.113065

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 414 / 585
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHERJ SZABO	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 4523 NEWBERRY ST	<b>Transaction ID:</b> SA11AI.112545
	City State Zip Code WAYNE MI 48184-2171	Amount of Each Receipt this Period 756.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2268.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHERJ SZABO	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 4523 NEWBERRY ST	<b>Transaction ID:</b> SA11AI.114590
	City State Zip Code WAYNE MI 48184-2171	Amount of Each Receipt this Period 252.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHERJ SZABO	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 4523 NEWBERRY ST	<b>Transaction ID:</b> SA11AI.112546
	City State Zip Code WAYNE MI 48184-2171	Amount of Each Receipt this Period 252.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2772.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1260.00
<b>TOTAL</b> 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 415 / 585

(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)  
CHRISTOPHERJ SZABO

Mailing Address 4523 NEWBERRY ST

City State Zip Code  
WAYNE MI 48184-2171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3024.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.114105

Amount of Each Receipt this Period

252.00

**B.**

Full Name (Last, First, Middle Initial)  
CARLYN TATE

Mailing Address 12750 CENTRALIA ST #84

City State Zip Code  
LAKEWOD CA 90715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.110219

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
DEBRA C TAYLOR

Mailing Address 3829 EDGE HILL PL

City State Zip Code  
CINCINNATI OH 45229-1803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 222.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.108526

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

582.00

**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 416 / 585  
(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)  
 DEBRA C TAYLOR  
 Mailing Address 3829 EDGE HILL PL  
 City State Zip Code  
 CINCINNATI OH 45229-1803  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 9  
**Transaction ID:** SA11AI.108365  
 Amount of Each Receipt this Period  
 24.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GENERAL ELECTRIC FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 246.00

**B.** Full Name (Last, First, Middle Initial)  
 DENNIS A TAYLOR  
 Mailing Address 4928 HAYWOOD PKWY  
 City State Zip Code  
 DALLAS TX 75232-1348  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 7 / 2 0 0 9  
**Transaction ID:** SA11AI.112634  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
 SIDNEY L TAYLOR  
 Mailing Address 2320 S TIBBS AVE  
 City State Zip Code  
 INDIANAPOLIS IN 46241-4801  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.113414  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENSKE CORPORATION FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 99.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 585  
(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) SIDNEY L TAYLOR		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 2320 S TIBBS AVE		<b>Transaction ID:</b> SA11AI.110832
City INDIANAPOLIS	State IN	Zip Code 46241-4801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer PENSKE CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) SARAH TEEL		Date of Receipt MM / DD / YYYY 08 / 11 / 2009
Mailing Address 106 WESTLAWN DR.		<b>Transaction ID:</b> SA11AI.111312
City OVILLA	State TX	Zip Code 75154-1448
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 132.00
Name of Employer LOCKHEED MARTIN CORPORATI- ON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

**C.**

Full Name (Last, First, Middle Initial) SARAH TEEL		Date of Receipt MM / DD / YYYY 09 / 09 / 2009
Mailing Address 106 WESTLAWN DR.		<b>Transaction ID:</b> SA11AI.112855
City OVILLA	State TX	Zip Code 75154-1448
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer LOCKHEED MARTIN CORPORATI- ON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>187.00</b>
<b>TOTAL</b> 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 418 / 585  
(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)  
SARAH TEEL

Mailing Address 106 WESTLAWN DR.

City State Zip Code  
OVILLA TX 75154-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.111824

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)  
SARAH TEEL

Mailing Address 106 WESTLAWN DR.

City State Zip Code  
OVILLA TX 75154-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.111313

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
JEFFREY TERRY

Mailing Address 1199 CHRISTIAN HILLS DR

City State Zip Code  
ROCHESTER HLS MI 48309-2845

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 ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.114860

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

304.00

**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 419 / 585  
(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)  
JEFFREY TERRY

Mailing Address 1199 CHRISTIAN HILLS DR

City State Zip Code  
ROCHESTER HLS MI 48309-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.112357

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY TERRY

Mailing Address 1199 CHRISTIAN HILLS DR

City State Zip Code  
ROCHESTER HLS MI 48309-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.114379

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS THIBEAULT

Mailing Address 1908 OAK COURT

City State Zip Code  
POCAHONTAS AR 72455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.111783

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **355.00**

**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 420 / 585

(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)  
JAMES L THOMAS JR

Mailing Address 639 PROSPECT PL

City State Zip Code  
CINCINNATI OH 45229-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 222.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.112169

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES L THOMAS JR

Mailing Address 639 PROSPECT PL

City State Zip Code  
CINCINNATI OH 45229-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ELECTRIC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.112170

Amount of Each Receipt this Period  
24.00

**C.**

Full Name (Last, First, Middle Initial)  
ADOLPH THOMPkins

Mailing Address 100 FOREST CT APT 1

City State Zip Code  
LOUISVILLE KY 40206-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.109735

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

84.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 585  
(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)  
MIESHA D THOMPSON

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID:** SA11AI.113774  
 Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
MIESHA D THOMPSON

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: 12 / 08 / 2009  
**Transaction ID:** SA11AI.114278  
 Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
WARD D THOMPSON

Mailing Address 5414 ALAMEDA RD

City INDIANAPOLIS State IN Zip Code 46228-2401

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 07 / 2009  
**Transaction ID:** SA11AI.114427  
 Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 585  
(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)  
MELVIN N THOMPSON JR  
 Mailing Address 5722 PERRYTOWN DR  
 City WEST BLOOMFIELD State MI Zip Code 48322  
 Date of Receipt MM / DD / YYYY 12 / 07 / 2009  
 Transaction ID: SA11AI.110939  
 Amount of Each Receipt this Period 60.00  
 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 242.00

**B.** Full Name (Last, First, Middle Initial)  
CONNIE THURMAN  
 Mailing Address 956 TEXARKANA DRIVE  
 City INDIANAPOLIS State IN Zip Code 46231  
 Date of Receipt MM / DD / YYYY 09 / 17 / 2009  
 Transaction ID: SA11AI.112359  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer INTERNATIONAL UNION, UAW Occupation CLERICAL  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

**C.** Full Name (Last, First, Middle Initial)  
TERRY THURMAN  
 Mailing Address 956 TEXARKANA DRIVE  
 City INDIANAPOLIS State IN Zip Code 46231  
 Date of Receipt MM / DD / YYYY 09 / 17 / 2009  
 Transaction ID: SA11AI.110053  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer INTERNATIONAL UNION, UAW Occupation DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 660.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 / 585		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN TIPTON		Date of Receipt MM / DD / YYYY 10 / 29 / 2009		
	Mailing Address 15657 SARATOGA ST		<b>Transaction ID:</b> SA11AI.115786		
	City DETROIT	State MI	Zip Code 48205-2931	Amount of Each Receipt this Period 264.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 271.82		
	Name of Employer CHRYSLER LLC		Occupation FACTORY WORKER		

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN TIPTON		Date of Receipt MM / DD / YYYY 12 / 07 / 2009		
	Mailing Address 15657 SARATOGA ST		<b>Transaction ID:</b> SA11AI.115770		
	City DETROIT	State MI	Zip Code 48205-2931	Amount of Each Receipt this Period 1.84	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 273.66		
	Name of Employer CHRYSLER LLC		Occupation FACTORY WORKER		

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN TIPTON		Date of Receipt MM / DD / YYYY 12 / 08 / 2009		
	Mailing Address 15657 SARATOGA ST		<b>Transaction ID:</b> SA11AI.115715		
	City DETROIT	State MI	Zip Code 48205-2931	Amount of Each Receipt this Period 1.38	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 275.04		
	Name of Employer CHRYSLER LLC		Occupation FACTORY WORKER		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	267.22
<b>TOTAL</b> 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 424 / 585

(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)  
THOMAS TITO

Mailing Address 622 12TH AVE S

City State Zip Code  
SAINT PETERSBURG FL 33701-5119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RAYTHEON COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.113459

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN S TOLLEFSON

Mailing Address 1210 LOGAN ST

City State Zip Code  
MARQUETTE MI 49855-2532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NORTHERN MICHIGAN UNIVERSITY CLERK

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.115757

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
CLARENCE L TOWNS

Mailing Address 4569 CREEK FORD DR

City State Zip Code  
DULUTH GA 30096-7204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.113263

Amount of Each Receipt this Period

9.00

**SUBTOTAL** of Receipts This Page (optional) .....

359.00

**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 425 / 585  
(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)  
CLARENCE L TOWNS

Mailing Address 4569 CREEK FORD DR

City State Zip Code  
DULUTH GA 30096-7204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

Transaction ID: SA11AI.110663

Amount of Each Receipt this Period  
9.00

**B.** Full Name (Last, First, Middle Initial)  
FRANK P TRIANA

Mailing Address 634 PARKVIEW LN

City State Zip Code  
RICHARDSON TX 75080-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

Transaction ID: SA11AI.114339

Amount of Each Receipt this Period  
132.00

**C.** Full Name (Last, First, Middle Initial)  
FRANK P TRIANA

Mailing Address 634 PARKVIEW LN

City State Zip Code  
RICHARDSON TX 75080-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

Transaction ID: SA11AI.115314

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.00**

**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 426 / 585  
(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)  
FRANK P TRIANA

Mailing Address 634 PARKVIEW LN

City RICHARDSON State TX Zip Code 75080-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt: 10 / 27 / 2009  
**Transaction ID: SA11AI.113845**  
 Amount of Each Receipt this Period: 24.00

**B.**

Full Name (Last, First, Middle Initial)  
FRANK P TRIANA

Mailing Address 634 PARKVIEW LN

City RICHARDSON State TX Zip Code 75080-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 12 / 16 / 2009  
**Transaction ID: SA11AI.111784**  
 Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT TROUTMAN

Mailing Address 1266 E ROSE CENTER RD

City HOLLY State MI Zip Code 48442-8643

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 ▼ 360.00

Date of Receipt: 07 / 08 / 2009  
**Transaction ID: SA11AI.110321**  
 Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 114.00

**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 427 / 585  
(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 TROUTMAN**  
 Mailing Address **1266 E ROSE CENTER RD**  
 City **HOLLY** State **MI** Zip Code **48442-8643**  
 Date of Receipt **07 / 31 / 2009**  
**Transaction ID: SA11AI.113463**  
 Amount of Each Receipt this Period **60.00**  
 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 ▼ **420.00**

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY M TROWBRIDGE**  
 Mailing Address **2320 S TIBBS AVE**  
 City **INDIANAPOLIS** State **IN** Zip Code **46241-4801**  
 Date of Receipt **11 / 13 / 2009**  
**Transaction ID: SA11AI.114175**  
 Amount of Each Receipt this Period **50.00**  
 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 ▼ **225.00**

**C.** Full Name (Last, First, Middle Initial)  
**ANTHONY M TROWBRIDGE**  
 Mailing Address **2320 S TIBBS AVE**  
 City **INDIANAPOLIS** State **IN** Zip Code **46241-4801**  
 Date of Receipt **12 / 08 / 2009**  
**Transaction ID: SA11AI.111056**  
 Amount of Each Receipt this Period **25.00**  
 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**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
LISA A TROXELL

Mailing Address 2017 GRANT AVENUE

City State Zip Code  
CUYAHOGA FALLS OH 44223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.113187

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
LISA A TROXELL

Mailing Address 2017 GRANT AVENUE

City State Zip Code  
CUYAHOGA FALLS OH 44223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

**Transaction ID:** SA11AI.115185

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
DANNY TRULL

Mailing Address P O BOX 2040

City State Zip Code  
WAXAHACHIE TX 75168-2040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.108844

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 585  
(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)  
REX T TRUSLER

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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 ▼ 225.00

Date of Receipt: 11 / 13 / 2009  
Transaction ID: SA11AI.113776  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
REX T TRUSLER

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: 12 / 08 / 2009  
Transaction ID: SA11AI.114279  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
RONNEY TUCK

Mailing Address 1241 AVONDALE AVE

City TOLEDO State OH Zip Code 43607-4168

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt: 11 / 13 / 2009  
Transaction ID: SA11AI.111909  
Amount of Each Receipt this Period: 34.62

**SUBTOTAL** of Receipts This Page (optional) ..... ► 109.62

**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 430 / 585  
(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)  
RONNEY TUCK

Mailing Address 1241 AVONDALE AVE

City Toledo State OH Zip Code 43607-4168

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.113432

Amount of Each Receipt this Period 5.77

**B.**

Full Name (Last, First, Middle Initial)  
RONNEY TUCK

Mailing Address 1241 AVONDALE AVE

City Toledo State OH Zip Code 43607-4168

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.57

Date of Receipt 12 / 08 / 2009

Transaction ID: SA11AI.113967

Amount of Each Receipt this Period 5.77

**C.**

Full Name (Last, First, Middle Initial)  
RONNEY TUCK

Mailing Address 1241 AVONDALE AVE

City Toledo State OH Zip Code 43607-4168

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt 12 / 09 / 2009

Transaction ID: SA11AI.112427

Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) RONNEY TUCK		Date of Receipt																					
	Mailing Address 1241 AVONDALE AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	6	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	1	6	/	2	0	0	9														
	City State Zip Code TOLEDO OH 43607-4168		<b>Transaction ID:</b> SA11AI.113968																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77																						
Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER		Aggregate Year-to-Date ▼ 248.11																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>B.</b>	Full Name (Last, First, Middle Initial) TEDDY TUCKER		Date of Receipt																					
	Mailing Address 11034 LIV 2313		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	3	/	2	0	0	9														
	City State Zip Code CHILLICOTHE MO 64601		<b>Transaction ID:</b> SA11AI.108152																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00																						
Name of Employer Occupation CATERPILLAR FACTORY WORKER		Aggregate Year-to-Date ▼ 440.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>C.</b>	Full Name (Last, First, Middle Initial) JOE L TURNBOUGH JR		Date of Receipt																					
	Mailing Address 621 MORAN AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	3	/	2	0	0	9														
	City State Zip Code TOLEDO OH 43607-2839		<b>Transaction ID:</b> SA11AI.112110																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 34.62																						
Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER		Aggregate Year-to-Date ▼ 225.03																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.39</b>
<b>TOTAL</b> 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 432 / 585  
(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)  
JOE L TURNBOUGH JR  
Mailing Address 621 MORAN AVENUE  
City TOLEDO State OH Zip Code 43607-2839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.80  
Date of Receipt 11 / 19 / 2009  
Transaction ID: SA11AI.113619  
Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
JOE L TURNBOUGH JR  
Mailing Address 621 MORAN AVENUE  
City TOLEDO State OH Zip Code 43607-2839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.57  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.110489  
Amount of Each Receipt this Period 5.77

**C.** Full Name (Last, First, Middle Initial)  
JOE L TURNBOUGH JR  
Mailing Address 621 MORAN AVENUE  
City TOLEDO State OH Zip Code 43607-2839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34  
Date of Receipt 12 / 09 / 2009  
Transaction ID: SA11AI.114141  
Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17.31  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 585  
(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)  
JOE L TURNOUGH JR  
Mailing Address 621 MORAN AVENUE  
City TOLEDO State OH Zip Code 43607-2839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.11  
Date of Receipt 12 / 16 / 2009  
Transaction ID: SA11AI.111569  
Amount of Each Receipt this Period 5.77

**B.** Full Name (Last, First, Middle Initial)  
ISSAAC TURNER  
Mailing Address 887 4113 ARALIA RD  
City ALTACENA State NV Zip Code 89423  
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 10 / 23 / 2009  
Transaction ID: SA11AI.110646  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
TERRY T TURNER  
Mailing Address 6120 W 750 N  
City MC CORDSVILLE State IN Zip Code 46055-9705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 12 / 07 / 2009  
Transaction ID: SA11AI.115400  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 380.77  
**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 434 / 585  
(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) LINDA K UPSON		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 6942 HEIGHTS RAVENNA RD		Transaction ID: SA11AI.115877
City FRUITPORT	State MI	Zip Code 49415-8666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) LINDA K UPSON		Date of Receipt MM / DD / YYYY 09 / 14 / 2009
Mailing Address 6942 HEIGHTS RAVENNA RD		Transaction ID: SA11AI.115878
City FRUITPORT	State MI	Zip Code 49415-8666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

**C.**

Full Name (Last, First, Middle Initial) JOSE L VALLES		Date of Receipt MM / DD / YYYY 09 / 01 / 2009
Mailing Address 13441 WAINSTEAD AVENUE		Transaction ID: SA11AI.114697
City CLEVELAND	State OH	Zip Code 44111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ALCOA INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	345.00
<b>TOTAL</b> 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 435 / 585  
(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)  
JOSE L VALLES

Mailing Address 13441 WAINSTEAD AVENUE

City CLEVELAND State OH Zip Code 44111

FEC ID number of contributing federal political committee. **C**

Name of Employer ALCOA INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2009  
**Transaction ID: SA11AI.110043**  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
JOSE L VALLES

Mailing Address 13441 WAINSTEAD AVENUE

City CLEVELAND State OH Zip Code 44111

FEC ID number of contributing federal political committee. **C**

Name of Employer ALCOA INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 10 / 19 / 2009  
**Transaction ID: SA11AI.110044**  
 Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
JOHN R VERELLEN

Mailing Address 57325 YORKSHIRE DR

City WASHINGTON State MI Zip Code 48094-3567

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 ▼ 240.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID: SA11AI.115032**  
 Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN R VERELLEN		Date of Receipt MM / DD / YYYY 12 / 07 / 2009		
	Mailing Address 57325 YORKSHIRE DR		<b>Transaction ID:</b> SA11AI.110942		
	City WASHINGTON	State MI	Zip Code 48094-3567	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) RAUL VILLASENOR		Date of Receipt MM / DD / YYYY 10 / 16 / 2009		
	Mailing Address 12703 CROSSDALE		<b>Transaction ID:</b> SA11AI.108678		
	City NORWALK	State CA	Zip Code 90650	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT A VINING		Date of Receipt MM / DD / YYYY 08 / 25 / 2009		
	Mailing Address 4531 YOUNG AVE		<b>Transaction ID:</b> SA11AI.108239		
	City INDIANAPOLIS	State IN	Zip Code 46201-4745	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

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 437 / 585

(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)  
ROBERT A VINING

Mailing Address 4531 YOUNG AVE

City State Zip Code  
INDIANAPOLIS IN 46201-4745

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NAVISTAR INTERNATIONAL CO-  
RP

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.109714

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
GLENN VINSON

Mailing Address 13370 CHEF MENTEUR HWY

City State Zip Code  
NEW ORLEANS LA 70129

FEC ID number of contributing federal political committee. **C**

Name of Employer  
PROCTOR & GAMBLE

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.109185

Amount of Each Receipt this Period

305.00

**C.**

Full Name (Last, First, Middle Initial)  
DAVID B WADE

Mailing Address 2204 HIGHCREST DR

City State Zip Code  
BEDFORD TX 76022-7711

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LOCKHEED MARTIN CORPORATI-  
ON

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.114814

Amount of Each Receipt this Period

132.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

512.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 438 / 585
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID B WADE	Date of Receipt MM / DD / YYYY 09 / 09 / 2009
	Mailing Address 2204 HIGHCREST DR	<b>Transaction ID:</b> SA11AI.114341
	City State Zip Code BEDFORD TX 76022-7711	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID B WADE	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 2204 HIGHCREST DR	<b>Transaction ID:</b> SA11AI.111785
	City State Zip Code BEDFORD TX 76022-7711	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID B WADE	Date of Receipt MM / DD / YYYY 12 / 16 / 2009
	Mailing Address 2204 HIGHCREST DR	<b>Transaction ID:</b> SA11AI.111267
	City State Zip Code BEDFORD TX 76022-7711	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.00
<b>TOTAL</b> 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 439 / 585

(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)  
ROGER C WADE

Mailing Address 2209 HARRISON AVE

City State Zip Code  
MUSKEGON MI 49441-1325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DANA CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.115732

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
ROGER A WAGNER

Mailing Address 43878 FIG AVE

City State Zip Code  
LANCASTER CA 93534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.114314

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY WAGNER

Mailing Address PO BOX 33

City State Zip Code  
SWANTON OH 43558-0033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST VINCENT MERCY MEDICAL  
CEN TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.114636

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

387.50

**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 440 / 585  
(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)  
TIMOTHY WAGNER

Mailing Address PO BOX 33

City SWANTON State OH Zip Code 43558-0033

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2009

Transaction ID: SA11AI.111044

Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY WAGNER

Mailing Address PO BOX 33

City SWANTON State OH Zip Code 43558-0033

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 19 / 2009

Transaction ID: SA11AI.114637

Amount of Each Receipt this Period: 12.50

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY WAGNER

Mailing Address PO BOX 33

City SWANTON State OH Zip Code 43558-0033

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 08 / 2009

Transaction ID: SA11AI.111596

Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 441 / 585  
(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)  
TIMOTHY WAGNER

Mailing Address PO BOX 33

City SWANTON State OH Zip Code 43558-0033

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt: 12 / 11 / 2009

Transaction ID: SA11AI.110513

Amount of Each Receipt this Period: 12.50

**B.** Full Name (Last, First, Middle Initial)  
RACHALLE WAKEFIELD

Mailing Address 940 MARY DRIVE

City LAPEER State MI Zip Code 48091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 10 / 01 / 2009

Transaction ID: SA11AI.112683

Amount of Each Receipt this Period: 115.00

**C.** Full Name (Last, First, Middle Initial)  
DOROTHY WALL

Mailing Address 2200 BRENTWOOD ST

City HIGH POINT State NC Zip Code 27263-1810

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 ▼ 225.00

Date of Receipt: 10 / 30 / 2009

Transaction ID: SA11AI.114744

Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 152.50

**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 442 / 585  
(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 L WARD

Mailing Address 2492 N. 600 E.

City State Zip Code  
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.109517

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD L WARD

Mailing Address 2492 N. 600 E.

City State Zip Code  
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.109844

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD L WARD

Mailing Address 2492 N. 600 E.

City State Zip Code  
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.108543

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 / 585  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) CARLENE WARREN</p> <p>Mailing Address 28010 GLADSTONE ST</p> <p>City State Zip Code ST CLAIR SHORES MI 48081-2926</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer BLUE CARE NETWORK OF MICH-IGAN</p> <p>Occupation TECHNICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 11 / 2009</p> <p><b>Transaction ID:</b> SA11AI.112556</p> <p>Amount of Each Receipt this Period 60.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) CARLENE WARREN</p> <p>Mailing Address 28010 GLADSTONE ST</p> <p>City State Zip Code ST CLAIR SHORES MI 48081-2926</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer BLUE CARE NETWORK OF MICH-IGAN</p> <p>Occupation TECHNICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 15 / 2009</p> <p><b>Transaction ID:</b> SA11AI.113598</p> <p>Amount of Each Receipt this Period 60.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) CARLENE WARREN</p> <p>Mailing Address 28010 GLADSTONE ST</p> <p>City State Zip Code ST CLAIR SHORES MI 48081-2926</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer BLUE CARE NETWORK OF MICH-IGAN</p> <p>Occupation TECHNICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 17 / 2009</p> <p><b>Transaction ID:</b> SA11AI.110462</p> <p>Amount of Each Receipt this Period 60.00</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>180.00</b>
<b>TOTAL</b> 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 444 / 585  
(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)  
CARLENE WARREN

Mailing Address 28010 GLADSTONE ST

City State Zip Code  
ST CLAIR SHORES MI 48081-2926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 420.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	9

**Transaction ID:** SA11AI.113599

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
CARLENE WARREN

Mailing Address 28010 GLADSTONE ST

City State Zip Code  
ST CLAIR SHORES MI 48081-2926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	9

**Transaction ID:** SA11AI.112557

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
CARLENE WARREN

Mailing Address 28010 GLADSTONE ST

City State Zip Code  
ST CLAIR SHORES MI 48081-2926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 540.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	9

**Transaction ID:** SA11AI.111538

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 585  
(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)  
CARLENE WARREN  
 Mailing Address 28010 GLADSTONE ST  
 City State Zip Code  
 ST CLAIR SHORES MI 48081-2926  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 9 / 2 0 0 9  
**Transaction ID:** SA11AI.114112  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

**B.** Full Name (Last, First, Middle Initial)  
CARLENE WARREN  
 Mailing Address 28010 GLADSTONE ST  
 City State Zip Code  
 ST CLAIR SHORES MI 48081-2926  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.114113  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BLUE CARE NETWORK OF MICH-IGAN TECHNICIAN  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 660.00

**C.** Full Name (Last, First, Middle Initial)  
NICK WATERWALL  
 Mailing Address 110 JOHN DR  
 City State Zip Code  
 SLIDELL LA 70461-1824  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 9  
**Transaction ID:** SA11AI.112347  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCKHEED MARTIN CORPORATI-ON FACTORY WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 / 585  
(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)  
SCOTT WATTS

Mailing Address 2808 PAMELA PLACE

City State Zip Code  
MINDEN NV 89423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.108660

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN L WEBB

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.113311

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN L WEBB

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.113833

Amount of Each Receipt this Period  
25.00

**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 447 / 585  
(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)  
DONNA WECKERLY  
Mailing Address 212 BRIAR HILL RD  
City KITTANNING State PA Zip Code 16201-8914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A K STEEL CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 07 / 2009  
Transaction ID: SA11AI.114456  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
DONNA WECKERLY  
Mailing Address 212 BRIAR HILL RD  
City KITTANNING State PA Zip Code 16201-8914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A K STEEL CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 27 / 2009  
Transaction ID: SA11AI.111381  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
DONNA WECKERLY  
Mailing Address 212 BRIAR HILL RD  
City KITTANNING State PA Zip Code 16201-8914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A K STEEL CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 10 / 28 / 2009  
Transaction ID: SA11AI.113970  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 / 585  
(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)  
ALLEN WEIS  
Mailing Address 28684 HILLE DR  
City MILLBURY State OH Zip Code 43447-9467  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PEXCO PACKAGING CORP Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 02 / 2009  
Transaction ID: SA11AI.109692  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL S WELLS  
Mailing Address 100 ATKINSON ST  
City DETROIT State MI Zip Code 48202-1516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UAW LOCAL UNION Occupation LOCAL UNION OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 10 / 29 / 2009  
Transaction ID: SA11AI.115627  
Amount of Each Receipt this Period 340.00

**C.** Full Name (Last, First, Middle Initial)  
MARY WEYER  
Mailing Address N92 W5490 ALPINE DR.  
City CEDARBURG State WI Zip Code 53012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PHILIP MORRIS Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 282.00  
Date of Receipt 11 / 09 / 2009  
Transaction ID: SA11AI.110279  
Amount of Each Receipt this Period 282.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 647.00  
**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 449 / 585  
(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)  
MARY WEYER  
 Mailing Address N92 W5490 ALPINE DR.  
 City CEDARBURG State WI Zip Code 53012  
 Date of Receipt 12 / 08 / 2009  
**Transaction ID:** SA11AI.113416  
 Amount of Each Receipt this Period 108.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer PHILIP MORRIS Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 390.00

**B.** Full Name (Last, First, Middle Initial)  
PATRICK WEYER  
 Mailing Address N92 W5490 ALPINE DR.  
 City CEDARBURG State WI Zip Code 53012  
 Date of Receipt 12 / 08 / 2009  
**Transaction ID:** SA11AI.111617  
 Amount of Each Receipt this Period 108.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer PHILIP MORRIS Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 303.00

**C.** Full Name (Last, First, Middle Initial)  
CORAL WHEELER  
 Mailing Address 24035 OCEAN AVE  
 City TORRANCE State CA Zip Code 90505  
 Date of Receipt 09 / 10 / 2009  
**Transaction ID:** SA11AI.108927  
 Amount of Each Receipt this Period 90.50  
 FEC ID number of contributing federal political committee. C  
 Name of Employer CALIFORNIA (UNIVERSITY OF) Occupation CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 318.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 306.50  
**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 450 / 585  
(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)  
DUKE WHEELER

Mailing Address 3760 HICKORY VIEW DRIVE

City State Zip Code  
HAMILTON OH 45011-6526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PHILIP MORRIS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.113750

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES R WHISLER

Mailing Address 802 N HANOVER ST.

City State Zip Code  
POTTSTOWN PA 19464-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DANA CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.111180

Amount of Each Receipt this Period  
18.00

**C.**

Full Name (Last, First, Middle Initial)  
EDMUND WIANECKI

Mailing Address 1056 INDIANA CT.

City State Zip Code  
VENICE CA 90291

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.109484

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

343.00

**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: (check only one)	PAGE 451 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES R WILDE		Date of Receipt
	Mailing Address 14726 ST. RT. 111		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	DEFIANCE	OH	43512
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.115575
Name of Employer DEFIANCE PRECISION PRODUCTS		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	<input type="text" value="24.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) JOE WILDMAN		Date of Receipt
	Mailing Address PO BOX 1396		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	UKIAH	CA	95482
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.111674
Name of Employer CALIFORNIA STATE		Occupation STATE EMPLOYEE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="212.50"/>	<input type="text" value="25.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) DONALD WILLEY		Date of Receipt
	Mailing Address 6809 W CO RD 900 N		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FOUNTAIN TOWN	IN	46130
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.110629
Name of Employer NAVISTAR INTERNATIONAL CO-RP		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="99.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 585  
(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)  
EDGAR A WILLIAMS

Mailing Address 2178 OESPER AVE

City CINCINNATI State OH Zip Code 45207-1314

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL ELECTRIC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt: 11 / 13 / 2009  
Transaction ID: SA11AI.112023  
Amount of Each Receipt this Period: 30.00

**B.** Full Name (Last, First, Middle Initial)  
EDGAR A WILLIAMS

Mailing Address 2178 OESPER AVE

City CINCINNATI State OH Zip Code 45207-1314

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL ELECTRIC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt: 12 / 10 / 2009  
Transaction ID: SA11AI.110959  
Amount of Each Receipt this Period: 24.00

**C.** Full Name (Last, First, Middle Initial)  
ELLEN WILLIAMS

Mailing Address 139 LINKS LANE

City WATERLOO State IL Zip Code 62298

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: 10 / 07 / 2009  
Transaction ID: SA11AI.111065  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 354.00

**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 453 / 585  
(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)  
HELEN WILLIAMS

Mailing Address 3141 38TH AVE  
APT 1

City OAKLAND State CA Zip Code 94619-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer NEW UNITED MOTOR MFG INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt MM / DD / YYYY  
10 / 19 / 2009

**Transaction ID:** SA11AI.113575

Amount of Each Receipt this Period 27.00

**B.** Full Name (Last, First, Middle Initial)  
HELEN WILLIAMS

Mailing Address 3141 38TH AVE  
APT 1

City OAKLAND State CA Zip Code 94619-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer NEW UNITED MOTOR MFG INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.112054

Amount of Each Receipt this Period 27.00

**C.** Full Name (Last, First, Middle Initial)  
HELEN WILLIAMS

Mailing Address 3141 38TH AVE  
APT 1

City OAKLAND State CA Zip Code 94619-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer NEW UNITED MOTOR MFG INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.113053

Amount of Each Receipt this Period 27.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **81.00**

**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 454 / 585  
(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) HELEN WILLIAMS		Date of Receipt MM / DD / YYYY 12 / 21 / 2009	
Mailing Address 3141 38TH AVE APT 1		Transaction ID: SA11AI.111511	
City OAKLAND	State CA	Zip Code 94619-1249	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			
Name of Employer NEW UNITED MOTOR MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00		

**B.**

Full Name (Last, First, Middle Initial) JAMES A WILLIAMS		Date of Receipt MM / DD / YYYY 11 / 13 / 2009	
Mailing Address 9083 W WESTON RD		Transaction ID: SA11AI.114077	
City MORENCI	State MI	Zip Code 49256-9592	Amount of Each Receipt this Period 34.62
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.03		

**C.**

Full Name (Last, First, Middle Initial) JAMES A WILLIAMS		Date of Receipt MM / DD / YYYY 11 / 19 / 2009	
Mailing Address 9083 W WESTON RD		Transaction ID: SA11AI.114078	
City MORENCI	State MI	Zip Code 49256-9592	Amount of Each Receipt this Period 5.77
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	67.39
<b>TOTAL</b> 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 455 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES A WILLIAMS		Date of Receipt																					
	Mailing Address 9083 W WESTON RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	8	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	0	8	/	2	0	0	9														
	City State Zip Code MORENCI MI 49256-9592		<b>Transaction ID:</b> SA11AI.115544																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77																						
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 236.57																						

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES A WILLIAMS		Date of Receipt																					
	Mailing Address 9083 W WESTON RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	0	9	/	2	0	0	9														
	City State Zip Code MORENCI MI 49256-9592		<b>Transaction ID:</b> SA11AI.115545																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77																						
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.34																						

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES A WILLIAMS		Date of Receipt																					
	Mailing Address 9083 W WESTON RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	6	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	1	6	/	2	0	0	9														
	City State Zip Code MORENCI MI 49256-9592		<b>Transaction ID:</b> SA11AI.112026																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77																						
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.11																						

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

17.31

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 / 585
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH G WILLIAMS	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 9334 S BUDLONG AVE	<b>Transaction ID:</b> SA11AI.114632
	City State Zip Code LOS ANGELES CA 90044-1909	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BOEING COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KENNETH G WILLIAMS	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 9334 S BUDLONG AVE	<b>Transaction ID:</b> SA11AI.111040
	City State Zip Code LOS ANGELES CA 90044-1909	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BOEING COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LISA D WILLIAMS	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 635 RANCH DR	<b>Transaction ID:</b> SA11AI.113749
	City State Zip Code TOLEDO OH 43607-3131	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UAW LOCAL UNION LOCAL UNION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 457 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
SAMUEL WILLIAMS

Mailing Address 5127 UPPER MOUNTAIN ROAD

City State Zip Code  
LOCKPORT NY 14094-9605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** SA11AI.113758

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
SAMUEL WILLIAMS

Mailing Address 5127 UPPER MOUNTAIN ROAD

City State Zip Code  
LOCKPORT NY 14094-9605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.110630

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT R WILLIAMSON

Mailing Address 2320 S TIBBS AVE

City State Zip Code  
INDIANAPOLIS IN 46241-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.110460

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 585  
(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 R WILLIAMSON

Mailing Address 2320 S TIBBS AVE

City INDIANAPOLIS State IN Zip Code 46241-4801

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: 12 / 08 / 2009  
Transaction ID: SA11AI.115079  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES W WILLIMANN

Mailing Address 311 LOCUST ST

City NEW HAVEN State MO Zip Code 63068

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 ▼ 450.00

Date of Receipt: 12 / 02 / 2009  
Transaction ID: SA11AI.113748  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES W WILLIMANN

Mailing Address 311 LOCUST ST

City NEW HAVEN State MO Zip Code 63068

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 ▼ 525.00

Date of Receipt: 12 / 03 / 2009  
Transaction ID: SA11AI.110611  
Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 585  
(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)  
JAMES W WILLIMANN

Mailing Address 311 LOCUST ST

City State Zip Code  
NEW HAVEN MO 63068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** SA11AI.111689

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES E WILSON

Mailing Address 7448 SUNNYBRAE AVE

City State Zip Code  
CANOGA PARK CA 91306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNITED TECHNOLOGIES CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2009

**Transaction ID:** SA11AI.110249

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
RICK WITT

Mailing Address 3010 CHIEF TURTLE CT

City State Zip Code  
HUNTINGTON IN 46750-4127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2009

**Transaction ID:** SA11AI.111786

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **155.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 585  
(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)  
RICK WITT

Mailing Address 3010 CHIEF TURTLE CT

City HUNTINGTON State IN Zip Code 46750-4127

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 ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

Transaction ID: SA11AI.113852

Amount of Each Receipt this Period  
55.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES WOODALL

Mailing Address 536 SADDLEHORN DRIVE

City CHESAPEAKE State VA Zip Code 23322

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  
MM / DD / YYYY  
11 / 04 / 2009

Transaction ID: SA11AI.113601

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
RICK WOODS

Mailing Address PO BOX 123

City EXCELSIOR SPRINGS State MO Zip Code 64024

FEC ID number of contributing federal political committee. **C**

Name of Employer MAGNA INTERNATIONAL INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2009

Transaction ID: SA11AI.109473

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **380.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 585

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) RICK WOODS		Date of Receipt	
	Mailing Address PO BOX 123		M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.108499
	EXCELSIOR SPRINGS	MO	64024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer MAGNA INTERNATIONAL INC		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) JANE WOOTTON		Date of Receipt	
	Mailing Address 2606 WYNDALE ROAD		M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.113225
	TOLEDO	OH	43613-3237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		62.50	
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JANE WOOTTON		Date of Receipt	
	Mailing Address 2606 WYNDALE ROAD		M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.111172
	TOLEDO	OH	43613-3237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.50
<b>TOTAL</b> 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 462 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
JANE WOOTTON  
Mailing Address 2606 WYNDALE ROAD  
City TOLEDO State OH Zip Code 43613-3237  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50  
Date of Receipt 11 / 19 / 2009  
Transaction ID: SA11AI.115227  
Amount of Each Receipt this Period 12.50

**B.** Full Name (Last, First, Middle Initial)  
JANE WOOTTON  
Mailing Address 2606 WYNDALE ROAD  
City TOLEDO State OH Zip Code 43613-3237  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 12 / 08 / 2009  
Transaction ID: SA11AI.111173  
Amount of Each Receipt this Period 12.50

**C.** Full Name (Last, First, Middle Initial)  
JANE WOOTTON  
Mailing Address 2606 WYNDALE ROAD  
City TOLEDO State OH Zip Code 43613-3237  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 287.50  
Date of Receipt 12 / 11 / 2009  
Transaction ID: SA11AI.111700  
Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 37.50  
**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 463 / 585  
(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)  
CYNTHIA WRIGHT

Mailing Address 230 MELROSE

City Toledo State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 19 / 2009  
Transaction ID: SA11AI.108233  
Amount of Each Receipt this Period: 62.50

**B.** Full Name (Last, First, Middle Initial)  
CYNTHIA WRIGHT

Mailing Address 230 MELROSE

City Toledo State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2009  
Transaction ID: SA11AI.108746  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
CYNTHIA WRIGHT

Mailing Address 230 MELROSE

City Toledo State OH Zip Code 43608

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt: 11 / 19 / 2009  
Transaction ID: SA11AI.109394  
Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 / 585		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) CYNTHIA WRIGHT		Date of Receipt																					
	Mailing Address 230 MELROSE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	8		2	0	0	9														
	City State Zip Code TOLEDO OH 43608		<b>Transaction ID:</b> SA11AI.108234																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.50																						
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) CYNTHIA WRIGHT		Date of Receipt																					
	Mailing Address 230 MELROSE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	1		2	0	0	9														
	City State Zip Code TOLEDO OH 43608		<b>Transaction ID:</b> SA11AI.108747																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.50																						
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.50																						

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY WRIGHT		Date of Receipt																					
	Mailing Address 5822 NE 284TH ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	2		2	0	0	9														
	City State Zip Code TURNERY MO 64493-2689		<b>Transaction ID:</b> SA11AI.109023																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00																						
Name of Employer FORD MOTOR COMPANY		Occupation FACTORY WORKER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> 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 465 / 585  
(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) JEFFREY WRIGHT		Date of Receipt MM / DD / YYYY 12 / 07 / 2009
Mailing Address 5822 NE 284TH ST		<b>Transaction ID:</b> SA11AI.109024
City TURNEY	State MO	Zip Code 64493-2689
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

**B.**

Full Name (Last, First, Middle Initial) TIMOTHY WRIGHT		Date of Receipt MM / DD / YYYY 10 / 27 / 2009
Mailing Address 5350 JACKSON ST		<b>Transaction ID:</b> SA11AI.109119
City INDIANAPOLIS	State IN	Zip Code 46241-1247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**C.**

Full Name (Last, First, Middle Initial) TIMOTHY WRIGHT		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 5350 JACKSON ST		<b>Transaction ID:</b> SA11AI.109421
City INDIANAPOLIS	State IN	Zip Code 46241-1247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> 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 466 / 585  
(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 WRIGHT**  
 Mailing Address **5350 JACKSON ST**  
 City **INDIANAPOLIS** State **IN** Zip Code **46241-1247**  
 Date of Receipt **12 / 22 / 2009**  
**Transaction ID: SA11AI.108435**  
 Amount of Each Receipt this Period **25.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **300.00**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT E WYRICK**  
 Mailing Address **270 WHITE PINE DR**  
 City **CHRISTIANSBURG** State **VA** Zip Code **24073-2704**  
 Date of Receipt **10 / 30 / 2009**  
**Transaction ID: SA11AI.114481**  
 Amount of Each Receipt this Period **25.00**  
 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 **225.00**

**C.** Full Name (Last, First, Middle Initial)  
**JANICE YANKEY**  
 Mailing Address **6599 E MANS LICK RD**  
 City **LOUISVILLE** State **KY** Zip Code **40228-2305**  
 Date of Receipt **12 / 07 / 2009**  
**Transaction ID: SA11AI.108517**  
 Amount of Each Receipt this Period **30.00**  
 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 **210.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 585

(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)  
ROBERT T YEAGER

Mailing Address 1146 SOUTHEAST AVE

City State Zip Code  
OAK PARK IL 60304

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LEGAL SERVICES FOR NEW YORK

Occupation  
CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 14 / 2009

Transaction ID: SA11AI.108679

Amount of Each Receipt this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)  
RONALD YODER

Mailing Address 624 LEXINGTON AVENUE

City State Zip Code  
FOSTORIA OH 44830-2713

FEC ID number of contributing federal political committee. **C**

Name of Employer  
JOHNSON CONTROLS INC

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.03

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2009

Transaction ID: SA11AI.113493

Amount of Each Receipt this Period

34.62

**C.**

Full Name (Last, First, Middle Initial)  
RONALD YODER

Mailing Address 624 LEXINGTON AVENUE

City State Zip Code  
FOSTORIA OH 44830-2713

FEC ID number of contributing federal political committee. **C**

Name of Employer  
JOHNSON CONTROLS INC

Occupation  
FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.80

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2009

Transaction ID: SA11AI.110350

Amount of Each Receipt this Period

5.77

**SUBTOTAL** of Receipts This Page (optional) .....

170.39

**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 468 / 585  
(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) RONALD YODER		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 624 LEXINGTON AVENUE		<b>Transaction ID:</b> SA11AI.115500
City FOSTORIA	State OH	Zip Code 44830-2713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.57	

**B.**

Full Name (Last, First, Middle Initial) RONALD YODER		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 624 LEXINGTON AVENUE		<b>Transaction ID:</b> SA11AI.115501
City FOSTORIA	State OH	Zip Code 44830-2713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

**C.**

Full Name (Last, First, Middle Initial) RONALD YODER		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address 624 LEXINGTON AVENUE		<b>Transaction ID:</b> SA11AI.111431
City FOSTORIA	State OH	Zip Code 44830-2713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.11	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	17.31
<b>TOTAL</b> 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 469 / 585  
(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)  
REINALDO ZAMORA

Mailing Address 14232 TAWYA ROAD

City State Zip Code  
APPLE VALLEY CA 92307-5546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.110506

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
REINALDO ZAMORA

Mailing Address 14232 TAWYA ROAD

City State Zip Code  
APPLE VALLEY CA 92307-5546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

**Transaction ID:** SA11AI.112130

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
JEFFERY ZARISKE

Mailing Address 5613 FORT RD

City State Zip Code  
SAGINAW MI 48601-9315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA11AI.108597

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 585  
(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 L ZAUCHA JR.  
Mailing Address 8910 MACOMB AVENUE  
City CLEVELAND State OH Zip Code 44105-6025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ALCOA INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 09 / 01 / 2009  
Transaction ID: SA11AI.108574  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT L ZAUCHA JR.  
Mailing Address 8910 MACOMB AVENUE  
City CLEVELAND State OH Zip Code 44105-6025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ALCOA INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 13 / 2009  
Transaction ID: SA11AI.108921  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT L ZAUCHA JR.  
Mailing Address 8910 MACOMB AVENUE  
City CLEVELAND State OH Zip Code 44105-6025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ALCOA INC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 10 / 19 / 2009  
Transaction ID: SA11AI.109885  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 / 585

(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)  
ROBERT L ZELLERS

Mailing Address 1104 STANLEY RD

City State Zip Code  
PLAINFIELD IN 46168-2349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.112624

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT L ZELLERS

Mailing Address 1104 STANLEY RD

City State Zip Code  
PLAINFIELD IN 46168-2349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.113129

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT L ZELLERS

Mailing Address 1104 STANLEY RD

City State Zip Code  
PLAINFIELD IN 46168-2349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.113130

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 / 585  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
JAMES ZENT

Mailing Address 523 EAST LEGGETT STREET

City WAUSEON State OH Zip Code 43567

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 28 / 2009  
**Transaction ID:** SA11AI.108255  
 Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
JEROME L ZERRER

Mailing Address 2766 N US HIGHWAY 61

City TROY State MO Zip Code 63379-4902

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 10 / 07 / 2009  
**Transaction ID:** SA11AI.112765  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
MARY ZERRER

Mailing Address 2766 N HWY 61

City TROY State MO Zip Code 63379

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: 10 / 07 / 2009  
**Transaction ID:** SA11AI.110170  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**TOTAL** This Period (last page this line number only) ..... ► 90869.34

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 585

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input checked="" 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)

HILTON WASHINGTON

Mailing Address 1919 CONNECTICUT AVENUE

City	State	Zip Code
WASHINGTON	DC	20009

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

6633.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	9

Transaction ID: SA15.115914

Amount of Each Receipt this Period

6633.19

REFUND OVER PAYMENT

SUBTOTAL of Receipts This Page (optional) .....

6633.19

TOTAL This Period (last page this line number only) .....

6633.19

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 585

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3112.56

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2009

Transaction ID: SA17.115911

Amount of Each Receipt this Period

388.63

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3119.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2009

Transaction ID: SA17.115921

Amount of Each Receipt this Period

7.09

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3158.39

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2009

Transaction ID: SA17.115927

Amount of Each Receipt this Period

38.74

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) .....

434.46

**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 475 / 585  
(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 State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3199.21

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA17.115933

Amount of Each Receipt this Period  
40.82

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3607.08

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2009

**Transaction ID:** SA17.115915

Amount of Each Receipt this Period  
407.87

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3614.17

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2009

**Transaction ID:** SA17.115922

Amount of Each Receipt this Period  
7.09

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) ..... ► **455.78**

**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 476 / 585  
(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 State Zip Code  
DETROIT MI 48226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3660.46  
Date of Receipt: 08 / 31 / 2009  
Transaction ID: SA17.115928  
Amount of Each Receipt this Period: 46.29  
INTEREST ON CHECKING

**B.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE  
Mailing Address 611 WOODWARD  
City State Zip Code  
DETROIT MI 48226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3694.10  
Date of Receipt: 08 / 31 / 2009  
Transaction ID: SA17.115934  
Amount of Each Receipt this Period: 33.64  
INTEREST ON CHECKING

**C.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE  
Mailing Address 611 WOODWARD  
City State Zip Code  
DETROIT MI 48226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4085.31  
Date of Receipt: 09 / 30 / 2009  
Transaction ID: SA17.115916  
Amount of Each Receipt this Period: 391.21  
INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) ..... ► 471.14  
**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 477 / 585  
(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 State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4092.17

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA17.115923

Amount of Each Receipt this Period  
6.86

INTEREST ON CHECKING

**B.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4143.71

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA17.115929

Amount of Each Receipt this Period  
51.54

INTEREST ON CHECKING

**C.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4164.78

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA17.115935

Amount of Each Receipt this Period  
21.07

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79.47**

**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 478 / 585

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4574.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA17.115918

Amount of Each Receipt this Period  
409.76

INTEREST ON CHECKING

B.

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4581.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA17.115924

Amount of Each Receipt this Period  
6.86

INTEREST ON CHECKING

C.

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4647.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA17.115930

Amount of Each Receipt this Period  
65.79

INTEREST ON CHECKING

SUBTOTAL of Receipts This Page (optional) ▶

482.41

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 479 / 585

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4668.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA17.115936

Amount of Each Receipt this Period

21.65

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5113.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA17.115919

Amount of Each Receipt this Period

444.75

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5120.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA17.115925

Amount of Each Receipt this Period

7.09

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) .....

473.49

**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 480 / 585

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5174.89

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA17.115931

Amount of Each Receipt this Period

54.21

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5197.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA17.115937

Amount of Each Receipt this Period

22.78

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5641.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA17.115920

Amount of Each Receipt this Period

444.18

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

521.17

**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 481 / 585  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <hr/> <p>City State Zip Code DETROIT MI 48226</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5648.94</p>	<p>Date of Receipt  <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> SA17.115926</p> <p>Amount of Each Receipt this Period 7.09</p> <p>INTEREST ON CHECKING</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												

<p><b>B.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <hr/> <p>City State Zip Code DETROIT MI 48226</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5703.43</p>	<p>Date of Receipt  <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> SA17.115932</p> <p>Amount of Each Receipt this Period 54.49</p> <p>INTEREST ON CHECKING</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												

<p><b>C.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <hr/> <p>City State Zip Code DETROIT MI 48226</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5726.92</p>	<p>Date of Receipt  <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> SA17.115938</p> <p>Amount of Each Receipt this Period 23.49</p> <p>INTEREST ON CHECKING</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>85.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3002.99</b>

# 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 482 / 585

<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) AMERICAN TIME MANUFACTURING, LTD.	Transaction ID: SB21B.107870 Date of Disbursement 08 / 21 / 2009
	Mailing Address 1600 NORTH CLINTON AVE.	Amount of Each Disbursement this Period 781.56
	City ROCHESTER State NY Zip Code 14621	
	Purpose of Disbursement R2B INV#0011639-IN WATCHES	
	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.	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.	Transaction ID: SB21B.107872 Date of Disbursement 08 / 21 / 2009
	Mailing Address 1600 NORTH CLINTON AVE.	Amount of Each Disbursement this Period 84.45
	City ROCHESTER State NY Zip Code 14621	
	Purpose of Disbursement R2B INV#0011861-IN WATCHES	
	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) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.	Transaction ID: SB21B.107873 Date of Disbursement 09 / 01 / 2009
	Mailing Address 1600 NORTH CLINTON AVE.	Amount of Each Disbursement this Period 2768.00
	City ROCHESTER State NY Zip Code 14621	
	Purpose of Disbursement R5 INV# 0012036 V-CAP WATCHES	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	3634.01
<b>TOTAL</b> 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 483 / 585

<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) AMERICAN TIME MANUFACTURING, LTD. <hr/> Mailing Address 1600 NORTH CLINTON AVE. <hr/> City ROCHESTER State NY Zip Code 14621 <hr/> Purpose of Disbursement R5 INV#0012017 VCAP WATCHES <hr/> Candidate Name <span style="float: right;">Category/ Type</span>	Transaction ID: SB21B.107874 Date of Disbursement 09 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 10812.50
<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD. <hr/> Mailing Address 1600 NORTH CLINTON AVE. <hr/> City ROCHESTER State NY Zip Code 14621 <hr/> Purpose of Disbursement R5 INV#0012302-IN WATCH REPAIR <hr/> Candidate Name <span style="float: right;">Category/ Type</span>	Transaction ID: SB21B.107925 Date of Disbursement 11 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 18.00
<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD. <hr/> Mailing Address 1600 NORTH CLINTON AVE. <hr/> City ROCHESTER State NY Zip Code 14621 <hr/> Purpose of Disbursement R5 INV#0012336-IN WATCHES <hr/> Candidate Name <span style="float: right;">Category/ Type</span>	Transaction ID: SB21B.107928 Date of Disbursement 12 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 6750.45

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17580.95
<b>TOTAL</b> 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 484 / 585

<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) DOUG BOWMAN	Transaction ID: SB21B.107885 Date of Disbursement 10 / 02 / 2009
	Mailing Address 3475 OVERTON DRIVE	Amount of Each Disbursement this Period 2500.00
	City WATERFORD State MI Zip Code 48328	
	Purpose of Disbursement 2009 DOLLAR DRIVE WINNERS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CHARLES ASKINS	Transaction ID: SB21B.107791 Date of Disbursement 07 / 08 / 2009
	Mailing Address 225 HARDING ST.	Amount of Each Disbursement this Period 500.00
	City DEFIANCE State OH Zip Code 43512	
	Purpose of Disbursement REG 2B PLATINUM CLUB WINNERS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NORMAN COLE	Transaction ID: SB21B.107904 Date of Disbursement 10 / 02 / 2009
	Mailing Address 9102 COUNTRYWOOD DRIVE	Amount of Each Disbursement this Period 1000.00
	City PLYMOUTH State MI Zip Code 48170	
	Purpose of Disbursement 2009 DOLLAR DRIVE WINNER	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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 485 / 585

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1A INV #653-QUILTED JACKETS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107853</p> <p>Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 14761.59</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1C INV#506-12 VCAP JACKETS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107856</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 437.98</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1C INV#619-129 JCKTS,SWTSHRTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107863</p> <p>Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 3403.28</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

18602.85

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1A INV#3-3=QUILTED JACKETS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107869</p> <p>Date of Disbursement 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 209795.93</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1A INV#653B=QUILTED JACKETS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107881</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 6374.52</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1C INV#747 5 V-CAP JACKETS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107882</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 291.41</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**216461.86**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CUSTOM PROMOTIONS, INC.</b>	<b>Transaction ID:</b> SB21B.107883 Date of Disbursement 09 / 29 / 2009	
	Mailing Address 17520 W. TWELVE MILE RD. #210		
	City SOUTHFIELD State MI Zip Code 48076	Amount of Each Disbursement this Period 236.72	
	Purpose of Disbursement R1C INV#719 4 V-CAP JACKETS		
	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) <b>CUSTOM PROMOTIONS, INC.</b>	<b>Transaction ID:</b> SB21B.107918 Date of Disbursement 10 / 27 / 2009	
	Mailing Address 17520 W. TWELVE MILE RD. #210		
	City SOUTHFIELD State MI Zip Code 48076	Amount of Each Disbursement this Period 68.67	
	Purpose of Disbursement R1C INV#810 V-CAP JACKETS		
	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) <b>DAN RODGERS SPORTING GOODS</b>	<b>Transaction ID:</b> SB21B.107916 Date of Disbursement 10 / 27 / 2009	
	Mailing Address 5340 MONROE STREET		
	City TOLEDO State OH Zip Code 43623	Amount of Each Disbursement this Period 747.25	
	Purpose of Disbursement R2B INV#00036038 VCAP JACKETS		
	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1052.64</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) GLENDA DEERING	Transaction ID: SB21B.107906 Date of Disbursement 10 / 02 / 2009
	Mailing Address PO BOX 355	Amount of Each Disbursement this Period 1000.00
	City MARLETTE State MI Zip Code 48453-0355	
	Purpose of Disbursement 2009 DOLLAR DRIVE WINNER 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.	Full Name (Last, First, Middle Initial) ENTERPRISE BANK	Transaction ID: SB21B.107855 Date of Disbursement 08 / 06 / 2009
	Mailing Address 1281 N. WARSON ROAD	Amount of Each Disbursement this Period 862.50
	City ST. LOUIS State MO Zip Code 63132	
	Purpose of Disbursement R5 BONDS-VCAP RETIREE DRIVE 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) ▼

C.	Full Name (Last, First, Middle Initial) ENTERPRISE BANK	Transaction ID: SB21B.107871 Date of Disbursement 08 / 21 / 2009
	Mailing Address 1281 N. WARSON ROAD	Amount of Each Disbursement this Period 3050.00
	City ST. LOUIS State MO Zip Code 63132	
	Purpose of Disbursement R5 BONDS-VCAP CRUISE DRIVE 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	4912.50
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) IMAGE GROUP	Transaction ID: SB21B.107657 Date of Disbursement 07 / 08 / 2009
	Mailing Address 1255 CORPORATE DR. PO BOX 1147	Amount of Each Disbursement this Period 9503.40
	City HOLLAND State OH Zip Code 43528-1147	
	Purpose of Disbursement R2B INV#1030625 VCAP PADFOLIO	
	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.	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH	Transaction ID: SB21B.107864 Date of Disbursement 08 / 11 / 2009
	Mailing Address 22150 STRATFORD	Amount of Each Disbursement this Period 399.94
	City OAK PARK State MI Zip Code 48237	
	Purpose of Disbursement LEASED EMPLOYEE COSTS	
	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) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH	Transaction ID: SB21B.107876 Date of Disbursement 09 / 01 / 2009
	Mailing Address 22150 STRATFORD	Amount of Each Disbursement this Period 60.00
	City OAK PARK State MI Zip Code 48237	
	Purpose of Disbursement LEASED EMPLOYEE COSTS	
	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) ..... ▶

9963.34

**TOTAL** This Period (last page this line number only) ..... ▶

**B.** Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107864**

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.

**C.** Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107876**

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)

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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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL JOSEPH</p> <p>Mailing Address 22150 STRATFORD</p> <p>City OAK PARK State MI Zip Code 48237</p> <p>Purpose of Disbursement LEASED EMPLOYEE COSTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107877</p> <p>Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 95.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL JOSEPH</p> <p>Mailing Address 22150 STRATFORD</p> <p>City OAK PARK State MI Zip Code 48237</p> <p>Purpose of Disbursement LEASED EMPLOYEE COSTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107879</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 41.39</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <p>City DETROIT State MI Zip Code 48226</p> <p>Purpose of Disbursement FED TAX WD/M.BIRD/945 3RD QTR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107825</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 280.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

417.14

**TOTAL** This Period (last page this line number only) ..... ▶

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107877**

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.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107879**

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)

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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) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TAX W/H 945 4TH QTR Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.107886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 700.00
<b>B.</b>	Full Name (Last, First, Middle Initial) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TAX W/H 945 4TH QTR Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.107887 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 700.00
<b>C.</b>	Full Name (Last, First, Middle Initial) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TAX W/H 945 4TH QTR Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.107888 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 420.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1820.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) JPMORGAN CHASE	Transaction ID: SB21B.107889 Date of Disbursement 10 / 02 / 2009
	Mailing Address 611 WOODWARD	Amount of Each Disbursement this Period 280.00
	City: DETROIT State: MI Zip Code: 48226	
	Purpose of Disbursement: FED TAX W/H 945 4TH QTR	
	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.	Full Name (Last, First, Middle Initial) JPMORGAN CHASE	Transaction ID: SB21B.107890 Date of Disbursement 10 / 02 / 2009
	Mailing Address 611 WOODWARD	Amount of Each Disbursement this Period 280.00
	City: DETROIT State: MI Zip Code: 48226	
	Purpose of Disbursement: FED TAX W/H 945 4TH QTR	
	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) ▼
C.	Full Name (Last, First, Middle Initial) JPMORGAN CHASE	Transaction ID: SB21B.107891 Date of Disbursement 10 / 02 / 2009
	Mailing Address 611 WOODWARD	Amount of Each Disbursement this Period 280.00
	City: DETROIT State: MI Zip Code: 48226	
	Purpose of Disbursement: FED TAX W/H 945 4TH QTR	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>840.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TAX W/H 945 4TH QTR Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.107893 Date of Disbursement 10 / 02 / 2009  Amount of Each Disbursement this Period 280.00
<b>B.</b>	Full Name (Last, First, Middle Initial) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TAX W/H 945 4TH QTR Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.107895 Date of Disbursement 10 / 02 / 2009  Amount of Each Disbursement this Period 280.00
<b>C.</b>	Full Name (Last, First, Middle Initial) LEIGH KEGERREIS  Mailing Address 13704 LAPLAISANCE RD.  City MONROE State MI Zip Code 48161  Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.107854 Date of Disbursement 07 / 24 / 2009  Amount of Each Disbursement this Period 60.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

620.00

**TOTAL** This Period (last page this line number only) ..... ▶

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107854**

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) LEIGH KEGERREIS</p> <p>Mailing Address 13704 LAPLAISANCE RD.</p> <p>City MONROE State MI Zip Code 48161</p> <p>Purpose of Disbursement LEASED EMPLOYEE COSTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107878</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 60.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KELLOGG HOTEL &amp; CONFERENCE CENTER</p> <p>Mailing Address 55 SOUTH HARRISON ROAD</p> <p>City EAST LANSING State MI Zip Code 48824</p> <p>Purpose of Disbursement R1C INV#52821-09 CAP CONF</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107932</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 20861.98</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BILLY LACK</p> <p>Mailing Address 10419 N 127TH EAST AVE.</p> <p>City OWASSO State OK Zip Code 74055-5729</p> <p>Purpose of Disbursement R5 VCAP AWARDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107858</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

21171.98

**TOTAL** This Period (last page this line number only) ..... ▶

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107878**

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)

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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) <b>PETE LAGROU</b>	<b>Transaction ID:</b> SB21B.107909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9	
	Mailing Address 10808 OXBOW LAKESHORE DRIVE		
	City WHITE LAKE State MI Zip Code 48386	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement 2009 DOLLAR DRIVE WINNER		
	Candidate Name		Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>RICH MARTIN</b>	<b>Transaction ID:</b> SB21B.107868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 9	
	Mailing Address 153 LODEWYCK		
	City MT. CLEMENS State MI Zip Code 48043	Amount of Each Disbursement this Period 1798.78	
	Purpose of Disbursement REIMB 2 TV'S-DOLLAR DRIVE RAFF		
	Candidate Name		Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MARY BIRD</b>	<b>Transaction ID:</b> SB21B.107789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9	
	Mailing Address 11040 SPRINGFIELD PIKE, APT. G		
	City CINCINNATI State OH Zip Code 45246	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement REG 2B PLATINUM CLUB WINNERS		
	Candidate Name		Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3798.78**

**TOTAL** This Period (last page this line number only) ..... ▶





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) THE MCLAUGHLIN COMPANY <hr/> Mailing Address 1725 DESALES ST. NW <hr/> City WASHINGTON State DC Zip Code 20036 <hr/> Purpose of Disbursement INV#157845 COMM PKG RENEWAL Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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) ▼	Transaction ID: SB21B.107933 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 15562.00
<b>B.</b>	Full Name (Last, First, Middle Initial) THE MCLAUGHLIN COMPANY <hr/> Mailing Address 1725 DESALES ST. NW <hr/> City WASHINGTON State DC Zip Code 20036 <hr/> Purpose of Disbursement INV#157846 COMM PKG RENEWAL Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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) ▼	Transaction ID: SB21B.107934 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 91748.00
<b>C.</b>	Full Name (Last, First, Middle Initial) TODD BRUNDIGE <hr/> Mailing Address 1719 COUNTY RD. 1095 <hr/> City ASHLAND State OH Zip Code 44805 <hr/> Purpose of Disbursement REG 2B PLATINUM CLUB WINNERS Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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) ▼	Transaction ID: SB21B.107796 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

107810.00

**TOTAL** This Period (last page this line number only) ..... ▶

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107933**

This reflects payment for renewal of bond/liability insurance protecting CAP Council funds.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107934**

This reflects payment for renewal of bond/liability insurance protecting CAP Council funds.

# 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 524</p> <p>Mailing Address 3518 ROBERT T. LONGWAY BLVD.</p> <p>City FLINT State MI Zip Code 48506</p> <p>Purpose of Disbursement LEASED CLASS EMPLOYEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107935</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5021.06"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 600</p> <p>Mailing Address 10550 DIX</p> <p>City DEARBORN State MI Zip Code 48120</p> <p>Purpose of Disbursement LEASED EMPLOYEE COSTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107920</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13352.48"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 723</p> <p>Mailing Address 281 DETROIT</p> <p>City MONROE State MI Zip Code 48161</p> <p>Purpose of Disbursement LEASED RESTRICTED CLASS EMP</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107822</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1208.50"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107935**

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.107920**

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.107822**

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 723  Mailing Address 281 DETROIT  City MONROE State MI Zip Code 48161  Purpose of Disbursement LEASED RESTRICTED CLASS EMP  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107865 Date of Disbursement 08 / 11 / 2009  Amount of Each Disbursement this Period 1232.85
<b>B.</b>	Full Name (Last, First, Middle Initial) UAW LOCAL 723  Mailing Address 281 DETROIT  City MONROE State MI Zip Code 48161  Purpose of Disbursement LEASED RESTRICTED CLASS EMP  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107866 Date of Disbursement 08 / 21 / 2009  Amount of Each Disbursement this Period 1146.91
<b>C.</b>	Full Name (Last, First, Middle Initial) UAW LOCAL 723  Mailing Address 281 DETROIT  City MONROE State MI Zip Code 48161  Purpose of Disbursement LEASED RESTRICTED CLASS EMP  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107875 Date of Disbursement 09 / 01 / 2009  Amount of Each Disbursement this Period 3582.11

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5961.87

**TOTAL** This Period (last page this line number only) ..... ▶

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107865**

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.107866**

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.107875**

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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) UAW LOCAL 723</p> <p>Mailing Address 281 DETROIT</p> <p>City MONROE State MI Zip Code 48161</p> <p>Purpose of Disbursement LEASED RESTRICTED CLASS EMP</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107880</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 3686.27</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) UAW LOCAL 723</p> <p>Mailing Address 281 DETROIT</p> <p>City MONROE State MI Zip Code 48161</p> <p>Purpose of Disbursement LEASED RESTRICTED CLASS EMP</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107914</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3747.45</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) UAW LOCAL 723</p> <p>Mailing Address 281 DETROIT</p> <p>City MONROE State MI Zip Code 48161</p> <p>Purpose of Disbursement LEASED RESTRICTED CLASS EMP</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107915</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1368.80</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8802.52

**TOTAL** This Period (last page this line number only) ..... ▶

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107880**

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.107914**

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.107915**

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)

<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 723	Transaction ID: SB21B.107917 Date of Disbursement
	Mailing Address 281 DETROIT	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City MONROE State MI Zip Code 48161	Amount of Each Disbursement this Period
	Purpose of Disbursement LEASED RESTRICTED CLASS EMP	<input type="text" value="1140.60"/>
	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.	Full Name (Last, First, Middle Initial) UAW LOCAL 723	Transaction ID: SB21B.107924 Date of Disbursement
	Mailing Address 281 DETROIT	<input type="text" value="11"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City MONROE State MI Zip Code 48161	Amount of Each Disbursement this Period
	Purpose of Disbursement LEASED RESTRICTED CLASS EMP	<input type="text" value="3421.80"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) UAW LOCAL 724	Transaction ID: SB21B.107658 Date of Disbursement
	Mailing Address 450 CLARE STREET	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City LANSING State MI Zip Code 48917	Amount of Each Disbursement this Period
	Purpose of Disbursement R1C VCAP DRIVE PROCESSING CHG	<input type="text" value="111.74"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4674.14"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.107917**

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.107924**

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.107658**

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)

<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) VIZUAL EXPRESS	Transaction ID: SB21B.107919
	Mailing Address 440 E. CENTER STREET	Date of Disbursement MM / DD / YYYY 11 / 11 / 2009
	City MARION State OH Zip Code 43302	Amount of Each Disbursement this Period 6441.69
	Purpose of Disbursement R2B INV#12402 (144 JACKETS)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) VIZUAL EXPRESS	Transaction ID: SB21B.107936
	Mailing Address 440 E. CENTER STREET	Date of Disbursement MM / DD / YYYY 12 / 18 / 2009
	City MARION State OH Zip Code 43302	Amount of Each Disbursement this Period 3395.43
	Purpose of Disbursement R2B INV#12733 (WINDSHIRTS)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WILLIAM WHITE	Transaction ID: SB21B.107894
	Mailing Address 3621 OLD WILLIAMSPORT RD	Date of Disbursement MM / DD / YYYY 10 / 02 / 2009
	City WILLIAMSPORT State TN Zip Code 38487-2134	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2009 DOLLAR DRIVE WINNER	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10837.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>490191.16</b>

# 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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
OHIO STATE UAW PAC COUNCIL

Mailing Address 133 E. LIVINGSTON ROAD

City State Zip Code  
COLUMBUS OH 43215

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.107937

Date of Disbursement

/  /

Amount of Each Disbursement this Period

250000.00

**B.** Full Name (Last, First, Middle Initial)  
UAW MICHIGAN V-PAC

Mailing Address 8000 E. JEFFERSON

City State Zip Code  
DETROIT MI 48214

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.107938

Date of Disbursement

/  /

Amount of Each Disbursement this Period

250000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

500000.00

**TOTAL** This Period (last page this line number only) ..... ►

500000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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)  
ADAM SMITH FOR CONGRESS COMMITTEE

Mailing Address PO Box 23626

City State Zip Code  
Federal Way WA 98093

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
D ADAM SMITH

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WA District: 09

Transaction ID: SB23.108118

Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
ALAN GRAYSON FOR U.S. CONGRESS

Mailing Address 2206 E. COLONIAL DRIVE

City State Zip Code  
ORLANDO FL 32803

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ALAN MARK GRAYSON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.107986

Date of Disbursement

07 / 20 / 2009

Amount of Each Disbursement this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
ALASKANS FOR BEGICH

Mailing Address PO BOX 240287

City State Zip Code  
ANCHORAGE AK 99524

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MARK BEGICH

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Transaction ID: SB23.107939

Date of Disbursement

07 / 24 / 2009

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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<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALEXANDER GREEN FOR CONGRESS</p> <p>Mailing Address 3003 SOUTH LOOP WEST SUITE 321</p> <p>City HOUSTON State TX Zip Code 77054</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ALEXANDER GREEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108111</p> <p>Date of Disbursement 11 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY</p> <p>Mailing Address P.O. BOX 75214</p> <p>City WASHINGTON State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DAVID R OBEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108125</p> <p>Date of Disbursement 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY</p> <p>Mailing Address P.O. BOX 75214</p> <p>City WASHINGTON State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DAVID R OBEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108127</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ANDRE' CARSON FOR CONGRESS</p> <p>Mailing Address ONE N. CAPITOL AVE. #200</p> <p>City INDIANAPOLIS State IN Zip Code 46204</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ANDRE CARSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108015</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS</p> <p>Mailing Address 1127 11TH STREET, 225</p> <p>City SACRAMENTO State CA Zip Code 95814</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BARBARA LEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107955</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BART'S BRIDGE PAC</p> <p>Mailing Address PO BOX 1021</p> <p>City MENOMINEE State MI Zip Code 49858</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108034</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BECERRA FOR CONGRESS</b>  Mailing Address <b>PO BOX 261060</b>  City <b>LOS ANGELES</b> State <b>CA</b> Zip Code <b>90026</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>XAVIER BECERRA</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>31</b> Disbursement For: <b>2010</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.107959 Date of Disbursement 08 / 06 / 2009  Amount of Each Disbursement this Period 1500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BEN CARDIN FOR CONGRESS</b>  Mailing Address <b>38 IVY STREET, SE</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b> Purpose of Disbursement <b>UNCASHED CONTRIBUTION CHECK</b> Candidate Name <b>BENJAMIN L CARDIN</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MD</b> District: <b>03</b> Disbursement For: <b>2006</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.115941 Date of Disbursement 12 / 31 / 2009  Amount of Each Disbursement this Period -1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BENNET FOR COLORADO</b>  Mailing Address <b>PO BOX 3078</b>  City <b>DENVER</b> State <b>CO</b> Zip Code <b>80201</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>MICHAEL F BENNET</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: <b>00</b> Disbursement For: <b>2010</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.107965 Date of Disbursement 07 / 14 / 2009  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BENNET FOR COLORADO</b>	<b>Transaction ID:</b> SB23.115957 <b>Date of Disbursement</b>	
	Mailing Address <b>PO BOX 3078</b>	<input type="text" value="07"/> <input type="text" value="14"/> <input type="text" value="2009"/>	
	City <b>DENVER</b> State <b>CO</b> Zip Code <b>80201</b>	Amount of Each Disbursement this Period	
	Purpose of Disbursement Voided contribution ck30006 dtd 3/10/09	<input type="text" value="-1000.00"/>	
	Candidate Name <b>MICHAEL F BENNET</b>	<input type="text"/>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: <b>00</b>	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) <b>BERMAN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.107951 <b>Date of Disbursement</b>	
	Mailing Address <b>8665 WILSHIRE BOULEVARD #220</b>	<input type="text" value="08"/> <input type="text" value="06"/> <input type="text" value="2009"/>	
	City <b>BEVERLY HILLS</b> State <b>CA</b> Zip Code <b>90211</b>	Amount of Each Disbursement this Period	
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
	Candidate Name <b>HOWARD L BERMAN</b>	<input type="text"/>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>28</b>	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>BETTY MCCOLLUM FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.108039 <b>Date of Disbursement</b>	
	Mailing Address <b>PO BOX 14131</b>	<input type="text" value="09"/> <input type="text" value="11"/> <input type="text" value="2009"/>	
	City <b>ST PAUL</b> State <b>MN</b> Zip Code <b>55114-0131</b>	Amount of Each Disbursement this Period	
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
	Candidate Name <b>BETTY MCCOLLUM</b>	<input type="text"/>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>04</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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 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) BETTY PAC	Transaction ID: SB23.115955
	Mailing Address PO BOX 14141	Date of Disbursement 12 / 31 / 2009
	City ST. PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement UNCASHED CONTRIBUTION CHECK	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BETTY SUTTON FOR CONGRESS	Transaction ID: SB23.108080
	Mailing Address 1700 W. Market St. #155	Date of Disbursement 07 / 08 / 2009
	City Akron State OH Zip Code 44313	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name BETTY S MS. SUTTON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BETTY SUTTON FOR CONGRESS	Transaction ID: SB23.108085
	Mailing Address 1700 W. Market St. #155	Date of Disbursement 12 / 14 / 2009
	City Akron State OH Zip Code 44313	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name BETTY S MS. SUTTON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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)  
**BILL FOSTER FOR CONGRESS COMMITTEE**

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: SB23.108008

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

**B.** 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: SB23.108073

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**BOB BRADY FOR CONGRESS**

Mailing Address P O BOX 22471

City PHILADELPHIA State PA Zip Code 19110-2471

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ROBERT A BRADY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

Transaction ID: SB23.108093

Date of Disbursement

07 / 24 / 2009

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 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS	Transaction ID: SB23.107998 Date of Disbursement 11 / 11 / 2009
	Mailing Address PO BOX 823	Amount of Each Disbursement this Period 1000.00
	City INDIANOLA State IA Zip Code 50125	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name LEONARD L. BOSWELL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	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) BOUCHER FOR CONGRESS	Transaction ID: SB23.108112 Date of Disbursement 09 / 01 / 2009
	Mailing Address PO BOX 2000	Amount of Each Disbursement this Period 1000.00
	City ABINGDON State VA Zip Code 24212	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name FREDERICK C BOUCHER	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	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) BRAD MILLER FOR CONGRESS CAMPAIGN	Transaction ID: SB23.108048 Date of Disbursement 11 / 11 / 2009
	Mailing Address 3803 B COMPUTER DRIVE SUITE 110	Amount of Each Disbursement this Period 1500.00
	City RALEIGH State NC Zip Code 27609	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name RALPH BRADLEY MILLER	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) BRIAN BAIRD FOR CONGRESS CAMPAIGN</p> <p>Mailing Address 442 NEW JERSEY AVENUE S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BRIAN N BAIRD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108119</p> <p>Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BRUCE BRALEY FOR CONGRESS</p> <p>Mailing Address 3151 BROCKWAY RD.</p> <p>City WATERLOO State IA Zip Code 50701</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BRUCE L BRALEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107996</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BRUCE BRALEY FOR CONGRESS</p> <p>Mailing Address 3151 BROCKWAY RD.</p> <p>City WATERLOO State IA Zip Code 50701</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BRUCE L BRALEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107999</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BUTTERFIELD FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address 800 W. HINES STREET</p> <p>City WILSON State NC Zip Code 27893</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name G K BUTTERFIELD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108049</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CARNEY FOR CONGRESS</b></p> <p>Mailing Address PO BOX A</p> <p>City CLARKS SUMMIT State PA Zip Code 18411</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHRISTOPHER CARNEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108097</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CHARLIE MELANCON FOR CONGRESS</b></p> <p>Mailing Address PO BOX 549</p> <p>City NAPOLEONVILLE State LA Zip Code 70390</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHARLIE JR. MELANCON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108018</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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)  
CHARLIE WILSON FOR CONGRESS

Mailing Address 7 CADIZ PIKE

City BRIDGEPORT State OH Zip Code 43912

Purpose of Disbursement CONTRIBUTION

Candidate Name CHARLES A WILSON

Office Sought:  House  
 Senate  
 President

State: OH District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108081

Date of Disbursement

07 / 20 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLIE WILSON FOR CONGRESS

Mailing Address 7 CADIZ PIKE

City BRIDGEPORT State OH Zip Code 43912

Purpose of Disbursement CONTRIBUTION

Candidate Name CHARLES A WILSON

Office Sought:  House  
 Senate  
 President

State: OH District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108082

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR ALTMIRE

Mailing Address PO BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement CONTRIBUTION

Candidate Name JASON ALTMIRE

Office Sought:  House  
 Senate  
 President

State: PA District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108096

Date of Disbursement

09 / 01 / 2009

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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) CLARKE FOR CONGRESS</p> <p>Mailing Address 11136 200TH STREET</p> <p>City HOLLIS State NY Zip Code 11412</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name YVETTE CLARKE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108065</p> <p>Date of Disbursement 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) COHEN FOR CONGRESS</p> <p>Mailing Address 349 KENILWORTH</p> <p>City MEMPHIS State TN Zip Code 38112</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEVE I MR. COHEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108105</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT LINDA SANCHEZ</p> <p>Mailing Address P.O. BOX 1865</p> <p>City HAWAIIAN GARDENS State CA Zip Code 90716</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name LINDA SANCHEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107958</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**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:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT CONG ED TOWNS</b>	<b>Transaction ID:</b> SB23.108064
	Mailing Address 499 S CAPITOL ST., SW SUITE 603	Date of Disbursement MM / DD / YYYY 07 / 24 / 2009
	City WASHINGTON	State DC
	Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name EDOLPHUS TOWNS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 10	

B.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT LORETTA SANCHEZ</b>	<b>Transaction ID:</b> SB23.107948
	Mailing Address 1212 S. Victory Blvd. Suite 211	Date of Disbursement MM / DD / YYYY 08 / 06 / 2009
	City BURBANK	State CA
	Zip Code 91502	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name LORETTA SANCHEZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 47	

C.	Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL BLACK CAUCUS PAC</b>	<b>Transaction ID:</b> SB23.107982
	Mailing Address 1701 PENNSYLVANIA NW #960	Date of Disbursement MM / DD / YYYY 11 / 24 / 2009
	City WASHINGTON	State DC
	Zip Code 20006	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE</p> <p>Mailing Address PO BOX 2008</p> <p>City MURFREESBORO State TN Zip Code 37133</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BART GORDON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108107</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 8665 WILSHIRE BLVD, SUITE 220</p> <p>City BEVERLY HILLS State CA Zip Code 90211</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name HENRY A. WAXMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107944</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS</p> <p>Mailing Address 1833 EAST JEFFERSON AVENUE</p> <p>City DETROIT State MI Zip Code 48207</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOHN JR. CONYERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108029</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS	Transaction ID: SB23.108032
	Mailing Address 1833 EAST JEFFERSON AVENUE	Date of Disbursement 08 / 21 / 2009
	City DETROIT State MI Zip Code 48207	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JOHN JR. CONYERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS	Transaction ID: SB23.108036
	Mailing Address 1833 EAST JEFFERSON AVENUE	Date of Disbursement 12 / 03 / 2009
	City DETROIT State MI Zip Code 48207	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JOHN JR. CONYERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS COMMITTEE	Transaction ID: SB23.108109
	Mailing Address 503 CAPITOL COURT N.E. SUITE 100	Date of Disbursement 12 / 18 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JAMES H. S. COOPER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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 535 / 585

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. BOX 8250 <hr/> City BELLEVILLE State IL Zip Code 62222 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JERRY F COSTELLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108002 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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) COURTNEY FOR CONGRESS <hr/> Mailing Address PO BOX 1372 <hr/> City VERNON State CT Zip Code 06066 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOSEPH D COURTNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.107969 Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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) COURTNEY FOR CONGRESS <hr/> Mailing Address PO BOX 1372 <hr/> City VERNON State CT Zip Code 06066 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOSEPH D COURTNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.107974 Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DAVID WU FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.115950 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		3	1		2	0	0	9														
	Mailing Address 818 SW THIRD AVENUE #1182		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">-1000.00</td> </tr> </table>	Amount of Each Disbursement this Period										-1000.00									
Amount of Each Disbursement this Period																							
-1000.00																							
	City PORTLAND State OR Zip Code 97204 Purpose of Disbursement UNCASHED CONTRIBUTION CHECK Candidate Name DAVID WU		<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td style="text-align: center;"> </td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DAVIS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.108007 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	0	9														
	Mailing Address PO BOX 2842		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">4000.00</td> </tr> </table>	Amount of Each Disbursement this Period										4000.00									
Amount of Each Disbursement this Period																							
4000.00																							
	City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement CONTRIBUTION Candidate Name DANNY K DAVIS		<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td style="text-align: center;"> </td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07	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>DEBBIE HALVORSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.108000 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	8		2	0	0	9														
	Mailing Address 1395-C MAIN STREET		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">1500.00</td> </tr> </table>	Amount of Each Disbursement this Period										1500.00									
Amount of Each Disbursement this Period																							
1500.00																							
	City CRETE State IL Zip Code 60417 Purpose of Disbursement CONTRIBUTION Candidate Name DEBORAH 'DEBBIE' HALVORSON		<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td style="text-align: center;"> </td> </tr> </table>	Category/ Type																			
Category/ Type																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE HALVORSON FOR CONGRESS</p> <p>Mailing Address 1395-C MAIN STREET</p> <p>City CRETE State IL Zip Code 60417</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DEBORAH 'DEBBIE' HALVORSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108006</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE HALVORSON FOR CONGRESS</p> <p>Mailing Address 1395-C MAIN STREET</p> <p>City CRETE State IL Zip Code 60417</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DEBORAH 'DEBBIE' HALVORSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108014</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS</p> <p>Mailing Address PO BOX 1316</p> <p>City SPRINGFIELD State OR Zip Code 97477</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PETER A DEFAZIO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108086</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>4500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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 539 / 585

<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) DEMOCRATIC NATIONAL COMMITTEE	Transaction ID: SB23.115953 Date of Disbursement
	Mailing Address 430 SOUTH CAPITOL STREET SE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement UNCASHED CONTRIBUTION CHECK	<input type="text" value="-15000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS COMMITTEE	Transaction ID: SB23.115954 Date of Disbursement
	Mailing Address 138 D STREET, SE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement UNCASHED CONTRIBUTION CHECK	<input type="text" value="-1000.00"/>
	Candidate Name LLOYD A MR. DOGGETT	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 25	

C.	Full Name (Last, First, Middle Initial) DONNA EDWARDS FOR CONGRESS	Transaction ID: SB23.108024 Date of Disbursement
	Mailing Address P.O. Box 441153	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City FORT WASHINGTON State MD Zip Code 20749	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name DONNA EDWARDS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MD District: 04	

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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)

<b>A.</b> Full Name (Last, First, Middle Initial) DONNELLY FOR CONGRESS <hr/> Mailing Address PO BOX 1961 <hr/> City SOUTH BEND State IN Zip Code 46634 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOSEPH SIMON MR. DONNELLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108016 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	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) DRIEHAUS FOR CONGRESS <hr/> Mailing Address 650 Fox Trails Way <hr/> City Cincinnati State OH Zip Code 45233 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name STEVEN LEO DRIEHAUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108076 Date of Disbursement 07 / 08 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	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) DRIEHAUS FOR CONGRESS <hr/> Mailing Address 650 Fox Trails Way <hr/> City Cincinnati State OH Zip Code 45233 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name STEVEN LEO DRIEHAUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108083 Date of Disbursement 11 / 17 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

15000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DUTCH RUPPERSBERGER FOR CONGRESS</b></p> <p>Mailing Address P.O. BOX 5675</p> <p>City TIMONIUM State MD Zip Code 21094</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DUTCH RUPPERSBERGER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108022</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>EARL BLUMENAUER FOR CONGRESS</b></p> <p>Mailing Address P.O. BOX 1396</p> <p>City PORTLAND State OR Zip Code 97207</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name EARL BLUMENAUER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108087</p> <p>Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b></p> <p>Mailing Address PO BOX 75214</p> <p>City WASHINGTON State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name EARL RALPH POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108051</p> <p>Date of Disbursement 10 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
EARL POMEROY FOR CONGRESS

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013-5214

Purpose of Disbursement CONTRIBUTION

Candidate Name EARL RALPH POMEROY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.108052

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
FEINGOLD SENATE COMMITTEE

Mailing Address P.O. BOX 620062

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement CONTRIBUTION

Candidate Name RUSSELL D FEINGOLD

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.108126

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FEINGOLD SENATE COMMITTEE

Mailing Address P.O. BOX 620062

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement CONTRIBUTION

Candidate Name RUSSELL D FEINGOLD

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.108129

Date of Disbursement

12 / 14 / 2009

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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 543 / 585

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) FLORIDA DEMOCRATIC PARTY <hr/> Mailing Address 916 N GADSDEN <hr/> City TALLAHASSEE State FL Zip Code 32303 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> 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) ▼	Transaction ID: SB23.107990 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS FOR BARON HILL <hr/> Mailing Address PO BOX 1071 <hr/> City SEYMOUR State IN Zip Code 47274 <hr/> Purpose of Disbursement Voided contribution ck30061 dtd 3/23/09 Candidate Name BARON PAUL HILL <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.115958 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period -4000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON <hr/> Mailing Address PO BOX 100 <hr/> City BOLTON State MS Zip Code 39041 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name BENNIE G THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108044 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1500.00

**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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: SB23.107968 Date of Disbursement
	Mailing Address P O BOX 331133	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City WEST HARTFORD State CT Zip Code 06133-1133	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name CHRISTOPHER J DODD	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: SB23.107970 Date of Disbursement
	Mailing Address P O BOX 331133	<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City WEST HARTFORD State CT Zip Code 06133-1133	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name CHRISTOPHER J DODD	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: SB23.107976 Date of Disbursement
	Mailing Address P O BOX 331133	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City WEST HARTFORD State CT Zip Code 06133-1133	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name CHRISTOPHER J DODD	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD <hr/> Mailing Address P O BOX 331133 <hr/> City WEST HARTFORD State CT Zip Code 06133-1133 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER J DODD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.107978 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN <hr/> Mailing Address PO BOX 37 <hr/> City ST CLAIR State PA Zip Code 17970 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name T. TIMOTHY HOLDEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.108092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI <hr/> Mailing Address PO BOX 74 <hr/> City SYRACUSE State NY Zip Code 13214 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DANIEL B MR. MAFFEI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.108066 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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) FRIENDS OF DAN MAFFEI	Transaction ID: SB23.108068 Date of Disbursement
	Mailing Address PO BOX 74	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City SYRACUSE State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name DANIEL B MR. MAFFEI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DK HIRNER	Transaction ID: SB23.108013 Date of Disbursement
	Mailing Address PO BOX 9856	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City SPRINGFIELD State IL Zip Code 62791	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name DEIRDRE 'DK' HIRNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF FARR	Transaction ID: SB23.107956 Date of Disbursement
	Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 302	<input type="text" value="08"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name SAM FARR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA <hr/> Mailing Address PO BOX 362 <hr/> City SAN BERNARDINO State CA Zip Code 92402-0362 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOE BACA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.107953 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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) FRIENDS OF LOIS CAPPs <hr/> Mailing Address PO BOX 23940 <hr/> City SANTA BARBARA State CA Zip Code 93121 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name LOIS G CAPPs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.107946 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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) FRIENDS OF MAURICE HINCHEY <hr/> Mailing Address 503 CAPITOL COURT NE SUITE 100 <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MAURICE D HINCHEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108070 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO	Transaction ID: SB23.107995
	Mailing Address PO BOX 677	Date of Disbursement 07 / 24 / 2009
	City HONOLULU State HI Zip Code 96809	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name MAZIE MRS. HIRONO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO	Transaction ID: SB23.115949
	Mailing Address PO BOX 677	Date of Disbursement 12 / 31 / 2009
	City HONOLULU State HI Zip Code 96809	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement UNCASHED CONTRIBUTION CHECK	Category/Type
	Candidate Name MAZIE MRS. HIRONO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK KENNEDY	Transaction ID: SB23.108103
	Mailing Address PO BOX 77047	Date of Disbursement 12 / 03 / 2009
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name PATRICK J KENNEDY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROSA DELAURO</b>	<b>Transaction ID:</b> SB23.107971 Date of Disbursement 09 / 11 / 2009	
	Mailing Address 729 15TH STREET, NW - 3RD FLR		
	City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00	Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROSA DELAURO</b>	<b>Transaction ID:</b> SB23.107975 Date of Disbursement 11 / 11 / 2009	
	Mailing Address 729 15TH STREET, NW - 3RD FLR		
	City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00	Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF WEINER</b>	<b>Transaction ID:</b> SB23.108071 Date of Disbursement 10 / 16 / 2009	
	Mailing Address 442 NEW JERSEY AVENUE SE		
	City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement CONTRIBUTION Candidate Name ANTHONY D MR WEINER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS	Transaction ID: SB23.107962 Date of Disbursement 08 / 21 / 2009
	Mailing Address c/o California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426	Amount of Each Disbursement this Period 5000.00
	City Long Beach State CA Zip Code 90807	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN GARAMENDI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS	Transaction ID: SB23.107963 Date of Disbursement 11 / 02 / 2009
	Mailing Address c/o California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426	Amount of Each Disbursement this Period 5000.00
	City Long Beach State CA Zip Code 90807	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN GARAMENDI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

C.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN	Transaction ID: SB23.108110 Date of Disbursement 07 / 24 / 2009
	Mailing Address PO BOX 16128	Amount of Each Disbursement this Period 2500.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name RAYMOND E. 'GENE' GREEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A. GERRY CONNOLLY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

GERRY CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement

CONTRIBUTION

Candidate Name  
GERRY CONNOLLY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Transaction ID: SB23.108115

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

**B. HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HASTINGS FOR CONGRESS

Mailing Address PO BOX 2884

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ALCEE L HASTINGS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

Transaction ID: SB23.107989

Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

**C. HIGGINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HIGGINS FOR CONGRESS

Mailing Address PO BOX 28

City BUFFALO State NY Zip Code 14220

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BRIAN HIGGINS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 27

Transaction ID: SB23.108074

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) HOUSE BACKPAC</p> <p>Mailing Address 1341 G STREET NW #700</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement UNCASHED CONTRIBUTION CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.115952 <b>Date of Disbursement</b> 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 2884</p> <p>City WASHINGTON State DC Zip Code 20013</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108023 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ILLINOIS TENTH CONGRESSIONAL</p> <p>Mailing Address PO BOX 523</p> <p>City DEERFIELD State IL Zip Code 60015</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108005 <b>Date of Disbursement</b> 11 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>INSLEE FOR CONGRESS</b>  Mailing Address <b>PO BOX 33027</b>  City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98133</b> Purpose of Disbursement CONTRIBUTION Candidate Name <b>JAY R MR. INSLEE</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>01</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.108121 Date of Disbursement 07 / 24 / 2009  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JEFF MERKLEY FOR OREGON</b>  Mailing Address <b>PO BOX 29136</b>  City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97296</b> Purpose of Disbursement CONTRIBUTION Candidate Name <b>JEFFREY ALAN MERKLEY</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OR</b> District: <b>00</b> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.108090 Date of Disbursement 07 / 27 / 2009  Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JIM HIMES FOR CONGRESS</b>  Mailing Address <b>BOX 456</b> <b>65 HIGH RIDGE ROAD</b>  City <b>STAMFORD</b> State <b>CT</b> Zip Code <b>06905</b> Purpose of Disbursement CONTRIBUTION Candidate Name <b>JIM HIMES</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: <b>04</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.107972 Date of Disbursement 10 / 02 / 2009  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)  
JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013-5214

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN D MR. DINGELL

Office Sought:  House  
 Senate  
 President

State: MI District: 15

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108031  
Date of Disbursement

08 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** 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

Office Sought:  House  
 Senate  
 President

State: GA District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.107994  
Date of Disbursement

07 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** 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 UNCASHED CONTRIBUTION CHECK

Candidate Name JOHN MR. LEWIS

Office Sought:  House  
 Senate  
 President

State: GA District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.115951  
Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JOHN SALAZAR FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.107966 Date of Disbursement 11 / 17 / 2009	
	Mailing Address PO BOX 1737		
	City ALAMOSA State CO Zip Code 81101	Amount of Each Disbursement this Period	4000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name JOHN T SALAZAR	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: CO District: 03	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOHN SPRATT FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.108104 Date of Disbursement 10 / 02 / 2009	
	Mailing Address P.O. BOX 2884		
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name JOHN M JR SPRATT	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: SC District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JULIE HAMOS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.108010 Date of Disbursement 12 / 18 / 2009	
	Mailing Address P.O. Box 1281		
	City Northbrook State IL Zip Code 60065	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name JULIE HAMOS	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: IL District: 10	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address 1921 W. 8TH STREET

City State Zip Code  
ERIE PA 16505

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
KATHLEEN ANN DAHLKEMPER

Office Sought:  House  Senate  President  
State: PA District: 03  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108098

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City State Zip Code  
MIAMI FL 33169

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
KENDRICK B MEEK

Office Sought:  House  Senate  President  
State: FL District: 17  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.107988

Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
KIND FOR CONGRESS

Mailing Address P O BOX 184

City State Zip Code  
LACROSSE WI 54602-0184

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RON KIND

Office Sought:  House  Senate  President  
State: WI District: 03  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108128

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

3000.00

**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 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) KIRKPATRICK FOR ARIZONA	Transaction ID: SB23.107942 Date of Disbursement 07 / 24 / 2009
	Mailing Address 141 S. MC CORMICK ST. SUITE 100	Amount of Each Disbursement this Period 1000.00
	City PRESCOTT State AZ Zip Code 86303	
	Purpose of Disbursement CONTRIBUTION	
	Candidate Name ANN KIRKPATRICK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: SB23.107985 Date of Disbursement 07 / 20 / 2009
	Mailing Address 301 YAMATO RD., SUITE 2198	Amount of Each Disbursement this Period 2500.00
	City BOCA RATON State FL Zip Code 33431	
	Purpose of Disbursement CONTRIBUTION	
	Candidate Name RON KLEIN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: SB23.107991 Date of Disbursement 11 / 17 / 2009
	Mailing Address 301 YAMATO RD., SUITE 2198	Amount of Each Disbursement this Period 2500.00
	City BOCA RATON State FL Zip Code 33431	
	Purpose of Disbursement CONTRIBUTION	
	Candidate Name RON KLEIN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) KOSMAS FOR CONGRESS</p> <p>Mailing Address PO BOX 1547</p> <p>City NEW SMYRNA BEACH State FL Zip Code 32170</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SUZANNE KOSMAS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107984</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS</p> <p>Mailing Address 607 N. MAIN ST., SUITE 240</p> <p>City OREGON CITY State OR Zip Code 97045</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name KURT SCHRADER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108089</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LARRY KISELL FOR CONGRESS</p> <p>Mailing Address 106 EAST MAIN STREET</p> <p>City BISCOE State NC Zip Code 27209</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name LARRY W KISELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108045</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1500.00</p>

**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:  
(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) LARRY KISSELL FOR CONGRESS	Transaction ID: SB23.108046 Date of Disbursement
	Mailing Address 106 EAST MAIN STREET	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City BISCOE State NC Zip Code 27209	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name LARRY W KISSELL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LARRY KISSELL FOR CONGRESS	Transaction ID: SB23.108047 Date of Disbursement
	Mailing Address 106 EAST MAIN STREET	<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City BISCOE State NC Zip Code 27209	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name LARRY W KISSELL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	Transaction ID: SB23.107973 Date of Disbursement
	Mailing Address 6282 OCCOQUAN FOREST DRIVE	<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City MANASSAS State VA Zip Code 20112	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name JOHN B LARSON	Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS <hr/> Mailing Address 6282 OCCOQUAN FOREST DRIVE <hr/> City MANASSAS State VA Zip Code 20112 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN B LARSON 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) ▼	Transaction ID: SB23.107977 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) LENTZ FOR CONGRESS <hr/> Mailing Address PO BOX 1846 <hr/> City Media State PA Zip Code 19063 Purpose of Disbursement CONTRIBUTION Candidate Name BRYAN ROY LENTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108102 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
<b>C.</b> Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS COMMITTEE <hr/> Mailing Address 436 NEW JERSY AVENUE SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement CONTRIBUTION Candidate Name SANDER M MR LEVIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108038 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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) LINCOLN DAVIS FOR CONGRESS	Transaction ID: SB23.108106 Date of Disbursement
	Mailing Address P.O. BOX 2002	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City PALL MALL State TN Zip Code 38577	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name LINCOLN EDWARD DAVIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) LINCOLN DAVIS FOR CONGRESS	Transaction ID: SB23.108108 Date of Disbursement
	Mailing Address P.O. BOX 2002	<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City PALL MALL State TN Zip Code 38577	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="3000.00"/>
	Candidate Name LINCOLN EDWARD DAVIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	Transaction ID: SB23.107997 Date of Disbursement
	Mailing Address 385 EAST COLLEGE ST.	<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City IOWA CITY State IA Zip Code 52314	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name DAVID WAYNE LOEBSACK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER REELECTION COMMITTEE	Transaction ID: SB23.108062 Date of Disbursement
	Mailing Address P.O. BOX 2884	<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name LOUISE MCINTOSH SLAUGHTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER REELECTION COMMITTEE	Transaction ID: SB23.108069 Date of Disbursement
	Mailing Address P.O. BOX 2884	<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name LOUISE MCINTOSH SLAUGHTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER REELECTION COMMITTEE	Transaction ID: SB23.108075 Date of Disbursement
	Mailing Address P.O. BOX 2884	<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement COTNRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name LOUISE MCINTOSH SLAUGHTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>LUCILLE ROYBAL-ALLARD FOR CONGRESS</b></p> <p>Mailing Address 3415 S SEPULVEDA BLVD SUITE 640</p> <p>City LOS ANGELES State CA Zip Code 90034</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name LUCILLE ROYBAL-ALLARD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 34</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107954</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LYNCH FOR CONGRESS</b></p> <p>Mailing Address 55 G STREET</p> <p>City SOUTH BOSTON State MA Zip Code 02127</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEPHEN F LYNCH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108019</p> <p>Date of Disbursement 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MARCIA FUDGE FOR CONGRESS</b></p> <p>Mailing Address 3729 SILSBY RD</p> <p>City UNIVERSITY HEIGHTS State OH Zip Code 44118</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MARCIA L FUDGE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108078</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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) MARTIN HEINRICH FOR CONGRESS, INC.	Transaction ID: SB23.108055 Date of Disbursement
	Mailing Address 2118 CENTRAL AVENUE SE #71	<input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name MARTIN HEINRICH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS	Transaction ID: SB23.107952 Date of Disbursement
	Mailing Address 729 15TH STREET, N.W. SUITE 300	<input type="text" value="08"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name DORIS MATSUI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MEL WATT FOR CONGRESS	Transaction ID: SB23.108050 Date of Disbursement
	Mailing Address PO BOX 36831	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City CHARLOTTE State NC Zip Code 28236	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name MELVIN L WATT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MIKE HONDA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.107950 Date of Disbursement 08 / 06 / 2009	
	Mailing Address 6132 BOLLINGER RD		
	City SAN JOSE State CA Zip Code 95129	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name MIKE HONDA	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: CA District: 15	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MIKE MCMAHON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.108063 Date of Disbursement 07 / 24 / 2009	
	Mailing Address 66 Arnold Street		
	City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name MICHAEL E MCMAHON	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: NY District: 13	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MIKE THOMPSON FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.107960 Date of Disbursement 08 / 06 / 2009	
	Mailing Address 442 NEW JERSEY AVE S.E.		
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name MIKE MR. THOMPSON	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: CA District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3000.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) MIKULSKI FOR US SENATE</p> <p>Mailing Address PO BOX 13147</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BARBARA MIKULSKI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108027</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MO VICTORY 2010</p> <p>Mailing Address PO BOX 50378</p> <p>City ST. LOUIS State MO Zip Code</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108043</p> <p>Date of Disbursement 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MURPHY FOR CONGRESS</p> <p>Mailing Address PO BOX 127</p> <p>City CHESHIRE State CT Zip Code 06410</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHRISTOPHER S MR. MURPHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107979</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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) MURTHA FOR CONGRESS	Transaction ID: SB23.108091
	Mailing Address P O BOX 1091	Date of Disbursement 07 / 20 / 2009
	City JOHNSTOWN State PA Zip Code 15907	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JOHN P MR. MURTHA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 12	

B.	Full Name (Last, First, Middle Initial) NADLER FOR CONGRESS	Transaction ID: SB23.108061
	Mailing Address 18 EAST 16TH STREET, SUITE 401	Date of Disbursement 07 / 20 / 2009
	City NEW YORK State NY Zip Code 10003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JERROLD L MR. NADLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 08	

C.	Full Name (Last, First, Middle Initial) NEW HAMPSHIRE FOR JOHN LYNCH '08	Transaction ID: SB23.115971
	Mailing Address PO BOX 117	Date of Disbursement 12 / 31 / 2009
	City MANCHESTER State NH Zip Code 03105	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement UNCASHED CONTRIBUTION CHECK	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS	Transaction ID: SB23.108067 Date of Disbursement
	Mailing Address 38 IVY STREET SE	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name NITA M LOWEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS	Transaction ID: SB23.108053 Date of Disbursement
	Mailing Address 63 QUARTZ LANE	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City PATERSON State NJ Zip Code 07501	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name WILLIAM J HON. JR. PASCRELL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PASTOR FOR ARIZONA COMMITTEE	Transaction ID: SB23.107941 Date of Disbursement
	Mailing Address PO BOX 6554	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City PHOENIX State AZ Zip Code 85005-6554	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name EDWARD L PASTOR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS	Transaction ID: SB23.108094 Date of Disbursement
	Mailing Address PO BOX 868	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City LEVITTOWN State PA Zip Code 19058-0868	Amount of Each Disbursement this Period
	Purpose of Disbursement COTNRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name PATRICK J MURPHY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS	Transaction ID: SB23.108095 Date of Disbursement
	Mailing Address PO BOX 868	<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City LEVITTOWN State PA Zip Code 19058-0868	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name PATRICK J MURPHY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PELOSI FOR CONGRESS	Transaction ID: SB23.107945 Date of Disbursement
	Mailing Address 1 BUSH ST SUITE 250	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City SAN FRANCISCO State CA Zip Code 94104	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name NANCY PELOSI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** 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

Office Sought:  House  
 Senate  
 President

State: PA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108099

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
PEOPLE FOR BEN LUJAN

Mailing Address 422 C STREET, NE LOWER LEVEL

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CONTRIBUTION

Candidate Name BEN LUJAN

Office Sought:  House  
 Senate  
 President

State: NM District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108057

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement CONTRIBUTION

Candidate Name PATTY MURRAY

Office Sought:  House  
 Senate  
 President

State: WA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.108123

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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) PERLMUTTER FOR CONGRESS	Transaction ID: SB23.107967 Date of Disbursement
	Mailing Address 2545 YOUNGFIELD ST.	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City GOLDEN State CO Zip Code 80401	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="4000.00"/>
	Candidate Name ED PERLMUTTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PERRIELLO FOR CONGRESS	Transaction ID: SB23.108114 Date of Disbursement
	Mailing Address PO BOX 306	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City IVY State VA Zip Code 22945	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name THOMAS STUART PRICE PERRIELLO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PERRIELLO FOR CONGRESS	Transaction ID: SB23.108116 Date of Disbursement
	Mailing Address PO BOX 306	<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City IVY State VA Zip Code 22945	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name THOMAS STUART PRICE PERRIELLO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS	Transaction ID: SB23.108035 Date of Disbursement
	Mailing Address PO BOX 226	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City BLOOMFIELD HILLS State MI Zip Code 48303	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name GARY PETERS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETER WELCH FOR CONGRESS	Transaction ID: SB23.108117 Date of Disbursement
	Mailing Address 10 G STREET NE SUITE 470	<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name PETER WELCH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PHIL PAC	Transaction ID: SB23.107981 Date of Disbursement
	Mailing Address 499 SOUTH CAPITOL ST. SW SUITE 412	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.	Full Name (Last, First, Middle Initial) RAUL GRIJALVA FOR CONGRESS	Transaction ID: SB23.107943
	Mailing Address PO BOX 1242	Date of Disbursement MM / DD / YYYY 07 / 24 / 2009
	City TUCSON State AZ Zip Code 85702-1242	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name RAUL M MR. GRIJALVA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS	Transaction ID: SB23.108054
	Mailing Address P O BOX 782	Date of Disbursement MM / DD / YYYY 10 / 27 / 2009
	City PENNINGTON State NJ Zip Code 08534	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name RUSH D HOLT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RUSS CARNAHAN FOR CONGRESS COMMITTEE	Transaction ID: SB23.108041
	Mailing Address 7370 MANCHESTER, SUITE 20	Date of Disbursement MM / DD / YYYY 11 / 17 / 2009
	City ST. LOUIS State MO Zip Code 63143	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name RUSS CARNAHAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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)

<b>A.</b> Full Name (Last, First, Middle Initial) SCHWARTZ FOR CONGRESS <hr/> Mailing Address PO BOX 45706 <hr/> City PHILADELPHIA State PA Zip Code 19149 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name ALLYSON Y SCHWARTZ <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.108100 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
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND <hr/> Mailing Address 2850 CONNECTICUT AVE 1ST FLOOR <hr/> City WASHINGTON State DC Zip Code 20008 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.107980 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) SEGALL FOR CONGRESS <hr/> Mailing Address PO Box 4236 <hr/> City Montgomery State AL Zip Code 36103 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name JOSHUA STEVEN SEGALL <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.107940 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 577 / 585

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) SERRANO FOR CONGRESS</p> <p>Mailing Address 421 NEW JERSEY AVENUE, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOSE E SERRANO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108072</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SHELLEY BERKLEY FOR CONGRESS</p> <p>Mailing Address 7432 SILVER PALM COURT</p> <p>City LAS VEGAS State NV Zip Code 89117</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SHELLEY BERKLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108060</p> <p>Date of Disbursement 07 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SHERMAN FOR CONGRESS COMMITTEE</p> <p>Mailing Address 20929 VENTURA BLVD, BOX 615</p> <p>City WOODLAND HILLS State CA Zip Code 91364</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BRAD MR SHERMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107947</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 578 / 585

<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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>SOLIDARITY PAC</b></p> <p>Mailing Address <b>C/O PERKINS, COIE, LLP 607 14TH STREET, NW SUITE 800</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20005</b></p> <p>Purpose of Disbursement <b>CONTRIBUTION</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107983</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	4	/	2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	4	/	2	0	0	9													
5000.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>STUPAK FOR CONGRESS</b></p> <p>Mailing Address <b>998 NORTH ROYAL ST</b></p> <p>City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b></p> <p>Purpose of Disbursement <b>CONTRIBUTION</b></p> <p>Candidate Name <b>BART STUPAK</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MI</b> District: <b>01</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108030</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	4	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	4	/	2	0	0	9													
1000.00																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>TAMMY BALDWIN FOR CONGRESS</b></p> <p>Mailing Address <b>P O BOX 696</b></p> <p>City <b>MADISON</b> State <b>WI</b> Zip Code <b>53701</b></p> <p>Purpose of Disbursement <b>CONTRIBUTION</b></p> <p>Candidate Name <b>TAMMY BALDWIN</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>02</b></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108124</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	1	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8	/	2	1	/	2	0	0	9													
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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>TED DEUTCH FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address 20423 SR 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name <b>THEODORE ELIOT DEUTCH</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.107993</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>TIM RYAN FOR CONGRESS</b></p> <p>Mailing Address 1600 Roosevelt Avenue Suite 804</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name <b>TIMOTHY J RYAN</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108079</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>TITUS FOR CONGRESS</b></p> <p>Mailing Address 3711 E. SUNSET RD. SUITE C5</p> <p>City LAS VEGAS State NV Zip Code 89120</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name <b>DINA TITUS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.108059</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
TOM HAYHURST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 40058

City FORT WAYNE State IN Zip Code 46804

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
THOMAS ELDON HAYHURST

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Transaction ID: SB23.108017  
Date of Disbursement

11 / 11 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
VAN HOLLEN FOR CONGRESS

Mailing Address 3514 FARRAGUT AVENUE

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
CHRIS VAN HOLLEN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Transaction ID: SB23.108025  
Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
VAN HOLLEN FOR CONGRESS

Mailing Address 3514 FARRAGUT AVENUE

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
CHRIS VAN HOLLEN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Transaction ID: SB23.108026  
Date of Disbursement

11 / 17 / 2009

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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>WILLIAM CLAY, JR FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.108040 Date of Disbursement 09 / 29 / 2009	
	Mailing Address PO BOX 3146		
	City ST LOUIS	State MO	Zip Code 63130
	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 4000.00	
	Candidate Name WILLIAM LACY JR CLAY	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MO District: 01		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WOMEN'S SENATE NETWORK</b>	<b>Transaction ID:</b> SB23.115946 Date of Disbursement 12 / 31 / 2009	
	Mailing Address 120 MARYLAND AVE. NE		
	City WASHINGTON	State DC	Zip Code 20002
	Purpose of Disbursement UNCASHED CONTRIBUTION CHECK	Amount of Each Disbursement this Period -500.00	
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>WOOLSEY FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.107957 Date of Disbursement 08 / 06 / 2009	
	Mailing Address PO BOX 750176		
	City PETALUMA	State CA	Zip Code 94975
	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 1000.00	
	Candidate Name LYNN C WOOLSEY	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 06		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.

Full Name (Last, First, Middle Initial)  
ZACK SPACE FOR CONGRESS

Mailing Address 714 NORTH WOOSTER ST.

City DOVER State OH Zip Code 44622

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ZACHARY T SPACE

Office Sought:  House  
 Senate  
 President

State: OH District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.108084

Date of Disbursement

12 / 14 / 2009

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) .....

318000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 583 / 585

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CHET CULVER COMMITTEE</b>  Mailing Address <b>PO BOX 6068</b>  City <b>DES MOINES</b> State <b>IA</b> Zip Code <b>50309</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.115959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 2 / 1 8 / 2 0 0 9</b>	Amount of Each Disbursement this Period <b>12500.00</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CONNECTICUT DEMOCRATIC STATE</b>  Mailing Address <b>179 ALLYN STREET SUITE 301</b>  City <b>HARTFORD</b> State <b>CT</b> Zip Code <b>06103</b> Purpose of Disbursement <b>ELLA GRASSO LDRSHIP WMN AWARDS</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.108138 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 1 / 1 1 / 2 0 0 9</b>	Amount of Each Disbursement this Period <b>500.00</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MICHIGAN DEMOCRATIC PARTY/</b>  Mailing Address <b>606 TOWNSEND</b>  City <b>LANSING</b> State <b>MI</b> Zip Code <b>48933</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.115973 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 2 / 0 3 / 2 0 0 9</b>	Amount of Each Disbursement this Period <b>5000.00</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**18000.00**

**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 584 / 585

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC PARTY</p> <p>Mailing Address 150 WEST STATE STREET</p> <p>City TRENTON State NJ Zip Code 08608</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.108137</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NJ UAW CAP COUNCIL</p> <p>Mailing Address 56 VINEYARD ROAD</p> <p>City EDISON State NJ Zip Code 08817</p> <p>Purpose of Disbursement REPLENISHMENT NJ UAW CAP ACCT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.108134</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NJ UAW PAC ACCOUNT</p> <p>Mailing Address 56 VINEYARD ROAD</p> <p>City EDISON State NJ Zip Code 08817</p> <p>Purpose of Disbursement REPLENISHMENT NJ UAW PAC ACCT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.108135</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20000.00"/></p>

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) UAW NORTH CAROLINA V-PAC <hr/> Mailing Address 1005 NORTH POINT BOULEVARD SUITE 701 <hr/> City BALTIMORE State MD Zip Code 21224 <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.108133 Date of Disbursement 09 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 4000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) UAW REGION 3 VICTORY FUND <hr/> Mailing Address 5850 FORTUNE CIRCLE WEST <hr/> City INDIANAPOLIS State IN Zip Code 46241 <hr/> Purpose of Disbursement REPLENISHMENT Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.108132 Date of Disbursement 08 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 60000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) UAW REGION 3 VICTORY FUND <hr/> Mailing Address 5850 FORTUNE CIRCLE WEST <hr/> City INDIANAPOLIS State IN Zip Code 46241 <hr/> Purpose of Disbursement REPLENISHMENT Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.108139 Date of Disbursement 12 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 75000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

139000.00

**TOTAL** This Period (last page this line number only) ..... ►

207000.00