REPORT OF RECEIPTS AND DISBURSEMENTS

2/1/94 through 2/28/94

For Other Than An Authorized Committee
(Summary Page)

AMENDED 6/17/94

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Detroit, Michigan 48214

2. FEC IDENTIFICATION NUMBER
C 0000 2840

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 2/1/94 through 2/28/94		
6. (a) Cash on Hand January 1, 19 94		$ 3,470,025.71
(b) Cash on Hand at Beginning of Reporting Period	$ 3,519,277.52	
(c) Total Receipts (from Line 19)	$ 180,172.16	$ 275,923.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,699,499.68	$ 3,745,949.68
7. Total Disbursements (from Line 30)	$ 97,240.80	$ 143,740.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,602,208.88	$ 3,602,208.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
JULIE K. NILL -- ASSISTANT TREASURER

Signature of Treasurer
Julie K Nill

Date
6/17/94

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

FEC FORM 3X
(revised 9/93)

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

Amended 6/17/94

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 2/1/94 TO: 2/28/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	174,784.88	264,460.41
iii. Total (add i and ii) ➤	174,784.88	264,460.41
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	174,784.88	264,460.41
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	5,387.28	11,463.56
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	180,172.16	275,923.97
20. Total Federal Receipts (subtract line 18 from line 19) ➤	180,172.16	275,923.97
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	8,890.80	8,890.80
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	8,890.80	8,890.80
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	84,100.00	130,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements	4,250.00	4,250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	97,240.80	143,740.80
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	97,240.80	143,740.80
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	174,784.88	
33. Total Contribution Refunds (from line 28d)	.00	
34. Net Contributions (other than loans)(subtract line 33 from 32)	174,784.88	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	8,890.80	
36. Offsets to Operating Expenditures (from line 15)	.00	
37. Net Operating Expenditures (subtract line 36 from 35) ➤	8,890.80	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

UAW V-CAP

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code National Bank of Detroit P.O. Box 206A Detroit, MI 48232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest earned on checking account. Occupation Aggregate Year-to-Date > $	2/28/94	5,387.28
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	5,387.28

MICHIGAN ONLY **AMENDED 6/15/94**

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (in Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. International Union, UAW 8000 E. Jefferson Detroit, MI 48214	11/93 & 12/93 salary & fringes for Jerry (Pete) Edge, Coordinator.	2/8/94	11,840.80
B. Various Region 1A V-CAP Raffle Winners	Winners--Region 1A V-CAP Raffle--None in excess of $100.00	2/1/94	3,550.00
C. Charles L. Cooper 104 Gamble Rd. LaFolletta, TN 37766	Winner--Region 1A V-CAP Raffle U.S. Bond--$1,000 Face Value	2/11/94	500.00
D. Henry B. Mazelarr 483 W. Main Milan, MI 48160	Winner--Region 1A V-CAP Raffle U.S. Bond--$1,000 Face Value	2/11/94	500.00
E. Vilis V. Travis 48107 Hanford Canton, MI 48187	Winner--Region 1A V-CAP Raffle U.S. Bond--$1,00 Face Value	2/11/94	500.00
F. Local Union 699, UAW 1911 Bagley Saginaw, MI 48601	Return of V-CAP Raffle Winnings re check #12782 dated 12/20/93.	2/11/94	(8,000.00)
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) 8,890.80

ALABAMA ONLY

CHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (in Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Bud Cramer 216 7th Street S.E. Washington, D.C. 20003	Bud Cramer 5th C.D.--Alabama Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/94	500.00
B. Full Name, Mailing Address and ZIP Code Hilliard for Congress P.O. Box 2884 Washington, D.C. 20013	Earl Hilliard 7th C.D.--Alabama Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

CALIFORNIA ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (in Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Dan Hamburg for Congress 216 7th Street, S.E. Washington, D.C. 20003	Dan Hamburg 1st C.D.--California Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/94	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Jane Harman P.O. Box 91075 Los Angeles, CA 90009-1075	Jane Harman 36th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	2/1/94	5,000.00
C. Full Name, Mailing Address and ZIP Code Matthew G. Martinez Congressional Committee P.O. Box 2656 Washington, D.C. 20013	Matthew G. Martinez 31st C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	2/1/94	5,000.00
D. Full Name, Mailing Address and ZIP Code Citizens for Waters 600 Wilshire Blvd., Suite 1500 Los Angeles, CA 90017	Maxine Waters 35th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	2/1/94	5,000.00
E. Full Name, Mailing Address and ZIP Code Woolsey for Congress 2424 K Street, Suite 100 Sacramento, CA 95816	Lynn Woolsey 6th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	2/1/94	5,000.00
F. Full Name, Mailing Address and ZIP Code Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	Bob Filner 50th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	2/1/94	5,000.00
G. Full Name, Mailing Address and ZIP Code Tucker for Congress 322 W. Compton Blvd., Suite 100 Compton, CA 90220	Walter Tucker 37th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	2/1/94	4,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

CONNECTICUT ONLY

SCHEDULE B ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Rosa DeLauro 49 Huntington Street New Haven, CT 06511	Rosa DeLauro 3rd C.D.--Connecticut Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/94	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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SUBTOTAL of Disbursements This Page (optional) .....

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

ILLINOIS ONLY

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (in Full)

WAM V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Committee to Elect William "Bill" Shaw 11518 S South Michigan Chicago, IL 60628	William "Bill" Shaw 2nd C.D.--Illinois Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/11/94	2,500.00
B. Full Name, Mailing Address and ZIP Code Citizens for Cardiss Collins P.O. Box 956 Alexandria, VA 22313-0956	Cardiss Collins 7th C.D.--Illinois Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/25/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

INDIANA ONLY

HEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Visclosky for Congress Committee 3216 18th Street, N.W. Washington, D.C. 20010	Peter Visclosky 1st C.D.--Indiana Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

IOWA ONLY

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (in Full)

IBM V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Walshire for Congress Campaign Committee P.O. Box 187 West Burlington, IA 52655	Larry Walshire 3rd C.D.--Iowa Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

MARYLAND ONLY

HEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Citizens for Sarbanes P.O. Box 25222 Ba;to.pre. Maryland 21210	Paul Sarbanes U. S. Senate--Maryland Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/25/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

MASSACHUSETTS ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code Citizens for John Olver for Congress 216 7th Street, S.E. Washington, D.C. 20003	Purpose of Disbursement John Olver 1st C.D.--Massachusetts Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 2/25/94	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

MICHIGAN ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code Congressman Kildee Committee P.O. Box 432220 Pontiac, MI 48343	Purpose of Disbursement Dale Kildee 9th C.D.--Michigan Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 2/23/94	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Congressman Kildee Committee P.O. Box 990 Washington, D.C. 20044-0990	Purpose of Disbursement Dale Kildee 9th C.D.--Michigan Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 2/17/94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Bonior for Congress P.O. Box 65873 Washington, D.C. 20035-5873	Purpose of Disbursement David Bonior 10th C.D.--Michigan Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 2/17/94	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Barbara-Rose Collins P.O. Box 07167 Detroit, MI 48207	Purpose of Disbursement Barbara-Rose Collins 15th C.D.--Michigan Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 2/4/94	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

NEW JERSEY ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (in Full)

DNM V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews for Congress Committee 306 South Fillmore Street Arlington, VA 22204	Robert Andrews 1st C.D.--New Jersey Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/17/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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SUBTOTAL of Disbursements This Page (optional) . . . . . .

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NEW YORK ONLY

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (in Full)

GMF V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Nadler for Congress P.O. Box 2884 Washington, D.C. 20013	Jerrold Nadler 8th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/94	500.00
B. Friends of Maurice Hinchey 236 Massachusetts Av., N.E., Suite 202 Washington, D.C. 20002	Maurice Hinchey 26th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/25/94	500.00
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

OHIO ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 12 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Traficant for Congress 1823 Basic Avenue Youngstown, OH 44514	James A. Traficant, Jr. 17th C.D.--Ohio Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	5,000.00
B. Full Name, Mailing Address and ZIP Code Brown for Congress 111 Edgefield Drive Elyria, OH 44035	Purpose of Disbursement Sherrod Brown 13th C.D.--Ohio Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	5,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Bowen 3330 Reading Road Cincinnati, OH 45229	Purpose of Disbursement William F. Bowen 1st C.D.--Ohio Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	5,000.00
D. Full Name, Mailing Address and ZIP Code Valenta for Congress Committee 13905 Oakview Blvd. Garfield Heights, OH 44125	Purpose of Disbursement Frank Valenta 19th C.D.--Ohio Disbursement for: [ ] Primary [ ] General [X] Other (specify) 11/3/92 campaign debt	2/4/94	3,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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PENNSYLVANIA ONLY

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of MMM 216 7th Street, S.E. Washington, D.C. 20003	Marjorie Margolies-Mezvinsky 13th C.D.--Pennsylvania Disbursement for: [ ] Primary [X] General [ ] Other (specify)	2/23/94	500.00
B. Ron Klink for Congress Committee P.O. Box 523024 Springfield, VA 22152	Ron Klink 4th C.D.--Pennsylvania Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/94	500.00
C. Coyne for Congress 555 New Jersey Ave., NW, Suite 201 Washington, D.C. 20001	William Coyne 14th C.D.--Pennsylvania Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/8/94	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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TOTAL This Period (last page this line number only) .....

TEXAS ONLY

Amended 6/17/94

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rios for Congress Committee 115 E. Travis, Suite 1024 San Antonio, TX 78205	Rolando L. Rios 23rd C.D.--Texas Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lloyd Doggett for Congress 707 West Avenue #102 Austin, TX 78701	Lloyd Doggett 10th C.D.--Texas Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paul Colbert for Congress Campaign 5006 Kinglet Houston, TX 77035	Paul Colbert 25th C.D.--Texas Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/94	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

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

VIRGINIA ONLY

Amended 6/17/94

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 15 OF 15

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (in Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of John Glenn P.O. Box 523024 Springfield, VA 22152	John Glenn U. S. President Disbursement for: [ ] Primary [ ] General [X] Other (specify) '84 Primary Debt Retirement--Presidential	2/1/94	4,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	84,100.00

DISTRICT OF COLUMBIA ONLY

SCHEDULE B

Amended 6/17/94

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 29(b)

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NAME OF COMMITTEE (in Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Project Vote 1511 K Street, NW, Suite 326 Washington, D.C. 20005	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/4/94	1,000.00
B. Full Name, Mailing Address and ZIP Code Project Vote 1511 K Street, NW, Suite 326 Washington, D.C. 20005	Contribution Disbursement for ☐ Primary ☐ General ☐ Other (specify)	2/1/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TEXAS ONLY

HEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 29(b)

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NAME OF COMMITTEE (in Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Texas UAW C.A.P. Voluntary Fund Committee 5244 E. Grand Ave. Dallas, TX 75223	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/94	2,000.00
B. Full Name, Mailing Address and ZIP Code Texas UAW C.A.P. Voluntary Fund Committee 5244 E. Grand Avenue Dallas, TX 75223	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/94	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	4,250.00

Federal Election Commission

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E.S.
PREPARER

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