

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 11 04 2008 in the State of MI
(d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 10 23 2008

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									
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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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		10417813.33
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	10309230.54									
(c) Total Receipts (from Line 19)	320771.36	4622438.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10630001.90	15040251.86								
7. Total Disbursements (from Line 31)	4739220.73	9149470.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5890781.17	5890781.17								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	7749.00	80712.80
(i) Itemized (use Schedule A)	308022.36	4513210.08
(ii) Unitemized	315771.36	4593922.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	315771.36	4593922.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	204.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	21311.65
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))	320771.36	4622438.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	320771.36	4622438.53

DETAILED SUMMARY PAGE

of Disbursements

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.....	1078692.70	1763461.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1078692.70	1763461.32
22. Transfers to Affiliated/Other Party Committees.....	700000.00	2312271.14
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	126000.00	1340550.00
24. Independent Expenditure (use Schedule E)	2834528.03	2932885.23
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	800303.00
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))..	4739220.73	9149470.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4739220.73	9149470.69

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	315771.36	4593922.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	315771.36	4593922.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1078692.70	1763461.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	204.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1078692.70	1763257.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 77
(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)
ADAM M ABELL

Mailing Address 109 EMORY CT

City State Zip Code
BARDSTOWN KY 40004-9199

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
10 / 15 / 2008

Transaction ID: SA11AI.101610

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
WILLIAM AMMANN

Mailing Address 29862 PALMYRA RD

City State Zip Code
WARRENTON MO 63383-4551

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
10 / 15 / 2008

Transaction ID: SA11AI.101589

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
DORTHENE BAILEY

Mailing Address 1500 HAMPSHIRE PIKE APT F1 APT

City State Zip Code
COLUMBIA TN 38401-5699

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SATURN FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: SA11AI.101413

Amount of Each Receipt this Period 1.00

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 7 / 77

(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)
F D BAKER

Mailing Address 36318 WINTERSET DR

City State Zip Code
CLINTON TOWNSHIP MI 48035-1673

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

Name of Employer Occupation
RETIRE

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 0 / 2 0 0 8

Transaction ID: SA11AI.102747

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)
PAMELA BARGER

Mailing Address 233 W HERRON DR

City State Zip Code
ALBION IN 46701-9586

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

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.101176

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)
MICHAEL BARNETTE

Mailing Address 338 STERLING LAKE DRIVE

City State Zip Code
OCOEE FL 34761-4015

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

Name of Employer Occupation
LOCKHEED MARTIN FACTORY WORKER

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

Date of Receipt

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

Transaction ID: SA11AI.102520

Amount of Each Receipt this Period

75.00

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: (check only one)	PAGE 8 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS J BARTON	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 24353 BUCKLAND HOLDEN RD	Transaction ID: SA11AI.101689
	City State Zip Code WAYNESFIELD OH 45896-9405	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL J BINK	Date of Receipt MM / DD / YYYY 10 / 13 / 2008
	Mailing Address W 2260 COUNTY ROAD	Transaction ID: SA11AI.102354
	City State Zip Code OCONOMOWOC WI 53066-9545	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORTUNE BRANDS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.50	

C.	Full Name (Last, First, Middle Initial) MICHAEL J BINK	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address W 2260 COUNTY ROAD	Transaction ID: SA11AI.101556
	City State Zip Code OCONOMOWOC WI 53066-9545	Amount of Each Receipt this Period 9.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FORTUNE BRANDS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

SUBTOTAL of Receipts This Page (optional)	▶	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 9 / 77
(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>A. Full Name (Last, First, Middle Initial) M DANNY BOREN</p> <p>Mailing Address 4870 JONATHAN DRIVE</p> <p>City State Zip Code HORN LAKE MS 38637</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CATERPILLAR 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 ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2008</p> <p>Transaction ID: SA11AI.101108</p> <p>Amount of Each Receipt this Period 75.00</p>
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<p>B. Full Name (Last, First, Middle Initial) KENNETH L BRADFORD</p> <p>Mailing Address 3325 PETE SHAW RD</p> <p>City State Zip Code MARIETTA GA 30066-2354</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 355.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2008</p> <p>Transaction ID: SA11AI.100952</p> <p>Amount of Each Receipt this Period 5.00</p>
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<p>C. Full Name (Last, First, Middle Initial) KENNETH BREWER</p> <p>Mailing Address 1170 NEPTUNE ROAD</p> <p>City State Zip Code ASHLAND CITY TN 37015</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation VISTEON 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 ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2008</p> <p>Transaction ID: SA11AI.101097</p> <p>Amount of Each Receipt this Period 75.00</p>
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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: (check only one)	PAGE 10 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) TODD BRIEN		Date of Receipt
	Mailing Address 2723 CUMBERLAND DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2008
	City	State	Zip Code
	JANESVILLE	WI	53546-4347
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101816
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 ▼ 202.50	<input type="text"/> 42.00

B.	Full Name (Last, First, Middle Initial) TODD BRIEN		Date of Receipt
	Mailing Address 2723 CUMBERLAND DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	JANESVILLE	WI	53546-4347
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.102463
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 ▼ 215.00	<input type="text"/> 12.50

C.	Full Name (Last, First, Middle Initial) MICHAEL BROWN		Date of Receipt
	Mailing Address 408 MONTICELLO AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 11 / 2008
	City	State	Zip Code
	MADISON	TN	37115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101564
Name of Employer PETERBILT MOTOR 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 ▼ 225.00	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 129.50
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 77
(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)
 ROB BURLESON
 Mailing Address 470 N CEMETERY RD
 City State Zip Code
 DEFORD MI 48729-9777
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 8
Transaction ID: SA11AI.102755
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UAW Local 9699 Local Union Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 GARY CASTEEL
 Mailing Address 1975 NEPTUNE ROAD
 City State Zip Code
 ASHLAND CITY TN 37015-6173
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 8
Transaction ID: SA11AI.101883
 Amount of Each Receipt this Period
 75.00
 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) ▼ 225.00

C. Full Name (Last, First, Middle Initial)
 DAVID CHADWELL
 Mailing Address 4351 POST RAIL LN
 City State Zip Code
 FRANKLIN OH 45005-4950
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 7 / 2 0 0 8
Transaction ID: SA11AI.102359
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MILLER BREWING FACTORY WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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 12 / 77

(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)
ROY CHAPMAN

Mailing Address 3471 S HEMLOCK RD

City State Zip Code
HEMLOCK MI 48626-9785

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
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.102752

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 2307 N CLINTON ST

City State Zip Code
SAGINAW MI 48602-5070

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
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.102758

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 2829 HENLEY DRIVE

City State Zip Code
BEL AIR MD 21015

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

Name of Employer Occupation
NEWARK ASSEMBLY 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
1 0 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.101872

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶

675.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 77
(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 COYNE		Date of Receipt MM / DD / YYYY 10 / 11 / 2008
Mailing Address 3802 STAR ISLAND DRIVE		Transaction ID: SA11AI.101028
City HOLIDAY	State FL	Zip Code 34691
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) JOHN COYNE		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 3802 STAR ISLAND DRIVE		Transaction ID: SA11AI.101027
City HOLIDAY	State FL	Zip Code 34691
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) ROBERT CUNNINGHAM		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 801 WELLER AVENUE		Transaction ID: SA11AI.100987
City HAMILTON	State OH	Zip Code 45015-1568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.50	

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 14 / 77
(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) RAYMOND CURRY		Date of Receipt MM / DD / YYYY 10 / 11 / 2008
Mailing Address 101 GILLESPIE DRIVE APT #1308		Transaction ID: SA11AI.102364
City FRANKLIN	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer FREIGHTLINER CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) P A DEAN		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 1104 SW MIC O SAY DR		Transaction ID: SA11AI.100994
City BLUE SPRINGS	State MO	Zip Code 64015-5424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.50
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.50	

C.

Full Name (Last, First, Middle Initial) L Donaldson		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 1001 HOOK WALTZ RD W		Transaction ID: SA11AI.101848
City LIMA	State OH	Zip Code 45807-9580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL DYNAMICS CORPORAT- ION	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)	133.50
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 15 / 77

(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 R DOPP

Mailing Address 3364 WESTVIEW CIR

City State Zip Code
GREENCASTLE PA 17225-9367

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 ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.101708

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
CARROLL EASON

Mailing Address 16007 GLENMIRO DRIVE

City State Zip Code
HUNTERSVILLE NC 28078

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

Name of Employer Occupation
FREIGHTLINER 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 1 / 2 0 0 8

Transaction ID: SA11AI.101723

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
DANIEL FAIRBANKS

Mailing Address 6302 LAROCQUE CIR

City State Zip Code
LANSING MI 48917-9740

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 ▼ 1155.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.101073

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

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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		Date of Receipt
	Mailing Address 3040 COMMODORE DR APT 259		<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 / 2008
	City	State	Zip Code
	GRAND PRAIRIE	TX	75052-8207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101993
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 ▼ 350.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) JAMES FOSTER		Date of Receipt
	Mailing Address 7300 MURKINS 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 10 / 15 / 2008
	City	State	Zip Code
	KANSAS CITY	MO	64133-7002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101295
Name of Employer FORD MOTOR 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 ▼ 840.00	<input type="text"/> 70.00

C.	Full Name (Last, First, Middle Initial) JEFF GALLEGOS		Date of Receipt
	Mailing Address 1228 SCHULTZ ST		<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 / 2008
	City	State	Zip Code
	DEFIANCE	OH	43512-2916
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101918
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 ▼ 240.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.00
TOTAL 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 17 / 77
(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
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.101283

Amount of Each Receipt this Period
35.00

B.

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 ▼ 1150.00

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

Transaction ID: SA11AI.102379

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
DANIEL GIBSON

Mailing Address 25 S. MAIN ST.

City State Zip Code
FORT LORAMIE OH 45845-9770

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

Name of Employer Occupation
LEAR CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11AI.101903

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 18 / 77

(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)
DANIEL GIBSON

Mailing Address 25 S. MAIN ST.

City State Zip Code
FORT LORAMIE OH 45845-9770

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 ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.102658

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
JOSEPH D GORSICK

Mailing Address 2512 REGAL RD

City State Zip Code
LA GRANGE KY 40031-9499

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
10 / 15 / 2008

Transaction ID: SA11AI.101538

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
DANA A 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 ▼ 310.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.101342

Amount of Each Receipt this Period 60.00

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 19 / 77
(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)
NATHANIEL GREENE

Mailing Address 17227 HUNTINGTON RD

City State Zip Code
DETROIT MI 48219-3520

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 ▼ 336.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.101925

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 220 LONG COVE LANE

City State Zip Code
BALTIMORE MD 21221-1742

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 / 11 / 2008

Transaction ID: SA11AI.101719

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
BARBARA HENDERSON

Mailing Address 2739 BROOKLYN AVE SE

City State Zip Code
GRAND RAPIDS MI 49507-3938

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
10 / 15 / 2008

Transaction ID: SA11AI.102152

Amount of Each Receipt this Period
30.00

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 20 / 77
(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>A. Full Name (Last, First, Middle Initial) BETTY JOHNSON</p> <p>Mailing Address 19912 E. 47TH ST DR</p> <p>City State Zip Code BLUE SPRINGS MO 64015-9543</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 235.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</p> <p>Transaction ID: SA11AI.101033</p> <p>Amount of Each Receipt this Period 25.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) ALVIN KAPUS</p> <p>Mailing Address 35 LOCH LEE</p> <p>City State Zip Code BUFFALO NY 14221-4933</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</p> <p>Transaction ID: SA11AI.102115</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>C. Full Name (Last, First, Middle Initial) DAVID M KELLY</p> <p>Mailing Address 4506 BUSCH RD</p> <p>City State Zip Code BIRCH RUN MI 48415-8733</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 310.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8</p> <p>Transaction ID: SA11AI.102745</p> <p>Amount of Each Receipt this Period 10.00</p>
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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 21 / 77
(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)
KARL KLAUS

Mailing Address 1577 SCHWENK

City State Zip Code
POTTSTOWN PA 19464-1507

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 ▼ 712.50

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

Transaction ID: SA11AI.101512

Amount of Each Receipt this Period
31.25

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

Mailing Address 4228 PARK VIEW DR

City State Zip Code
JANESVILLE WI 53546-2146

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 ▼ 201.00

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

Transaction ID: SA11AI.102266

Amount of Each Receipt this Period
60.00

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

Mailing Address 4228 PARK VIEW DR

City State Zip Code
JANESVILLE WI 53546-2146

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 ▼ 209.50

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

Transaction ID: SA11AI.101634

Amount of Each Receipt this Period
8.50

SUBTOTAL of Receipts This Page (optional) ► 99.75

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: (check only one)	PAGE 22 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JASON K KRZYSIAK	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 55 WELLESLEY DR	Transaction ID: SA11AI.102181
	City State Zip Code PLEASANT RIDGE MI 48069-1242	Amount of Each Receipt this Period 40.00
	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 ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) ANTHONY E LOVELY	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2466 OLD CORNELIA HWY	Transaction ID: SA11AI.101987
	City State Zip Code GAINESVILLE GA 30507-7854	Amount of Each Receipt this Period 50.00
	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 ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) JAY LOWE	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 101 ACORN PL	Transaction ID: SA11AI.101609
	City State Zip Code SPRING HILL TN 37174-2586	Amount of Each Receipt this Period 1.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SATURN FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.25	

SUBTOTAL of Receipts This Page (optional)	▶	91.25
TOTAL This Period (last page this line 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 23 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) R C LOWE		Date of Receipt
	Mailing Address 6004 WOODLAND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	KANSAS CITY	MO	64110-3554
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101966
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"/> 350.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) D J MASCHGER		Date of Receipt
	Mailing Address 1905 SW 4TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	LEES SUMMIT	MO	64081-2331
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101539
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"/> 350.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) PAMELA MASON		Date of Receipt
	Mailing Address 5324 COLTON DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	SAINT LOUIS	MO	63121-1412
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101196
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"/> 275.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL 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 24 / 77
(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)
MARCIA MAYBERRY

Mailing Address 308 OVERLOOK PL

City State Zip Code
COLUMBIA TN 38401-4900

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SATURN FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.101015

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
DAN MAYNARD

Mailing Address 10 MIRIVAL LANE

City State Zip Code
DEFIANCE OH 43512

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
10 / 15 / 2008

Transaction ID: SA11AI.101622

Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
SHEILA MCDANIEL

Mailing Address 718 RUNNING DEER DR

City State Zip Code
COLUMBIA TN 38401-8002

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SATURN FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.101234

Amount of Each Receipt this Period 25.00

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 25 / 77
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SAMUEL MC DOWELL		Date of Receipt
	Mailing Address 187 LOCUST STREET, N.W.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 11 / 2008
	City	State	Zip Code
	MARIETTA	GA	30064-2245
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.102528
Name of Employer CATERPILLAR 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"/> 225.00	<input type="text"/> 75.00

B.	Full Name (Last, First, Middle Initial) D L MCGREEVY		Date of Receipt
	Mailing Address 17109 E 49TH TER S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	INDEPENDENCE	MO	64055-6310
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101124
Name of Employer FORD MOTOR 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"/> 611.00	<input type="text"/> 51.00

C.	Full Name (Last, First, Middle Initial) JERRY MCLIMANS		Date of Receipt
	Mailing Address 8725 GLENROCK DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	NEW HAVEN	IN	46774-1820
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101158
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"/> 350.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 176.00
TOTAL 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: (check only one)	PAGE 26 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 MELSON		Date of Receipt
	Mailing Address 1042 HIGHLAND ESTATES D		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	WENTZVILLE	MO	63385
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101306
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"/> 350.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) RAYMOND MILLER II		Date of Receipt
	Mailing Address 2381 ALTA WEST RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	MANSFIELD	OH	44903-8230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.102479
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"/> 240.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) JOHN C MORRIS		Date of Receipt
	Mailing Address 1116 SOUTHWINDS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 11 / 2008
	City	State	Zip Code
	PORT ORANGE	FL	32129-7835
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.101007
Name of Employer		Occupation RETIRED	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"/> 400.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 190.00
TOTAL 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 27 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 KENNETH MORRIS
 Mailing Address 909 REDWOOD CIR
 City LIBERTY State MO Zip Code 64068-9206
 Date of Receipt 10 / 15 / 2008
 Transaction ID: SA11AI.101840
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 350.00

B. Full Name (Last, First, Middle Initial)
 DAVID J MYERS
 Mailing Address 200 WOODDALE AVE
 City NEW CASTLE State DE Zip Code 19720-4736
 Date of Receipt 10 / 15 / 2008
 Transaction ID: SA11AI.101661
 Amount of Each Receipt this Period 1.00
 FEC ID number of contributing federal political committee. C
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 306.00

C. Full Name (Last, First, Middle Initial)
 E J NEECE
 Mailing Address 3007 DEVONSHIRE DR
 City PLATTE CITY State MO Zip Code 64079-7246
 Date of Receipt 10 / 15 / 2008
 Transaction ID: SA11AI.101235
 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 350.00

SUBTOTAL of Receipts This Page (optional) ► 101.00
TOTAL This Period (last page this line number 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 / 77
(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 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.102403

Amount of Each Receipt this Period
250.00

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 ▼ 1005.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.102353

Amount of Each Receipt this Period
375.00

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 ▼ 1255.00

Date of Receipt
MM / DD / YYYY
10 / 11 / 2008

Transaction ID: SA11AI.101867

Amount of Each Receipt this Period
250.00

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 77

(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 PARKER

Mailing Address 1221 WAYNE ST

City State Zip Code
SANDUSKY OH 44870-3530

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

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.101605

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)
BERNICE M PAWLOSKI

Mailing Address 1726 HANCHETT N W

City State Zip Code
GRAND RAPIDS MI 49504-2717

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

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.102222

Amount of Each Receipt this Period

20.00

C.

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

Mailing Address 21405 RUBLE ROAD

City State Zip Code
BOONSBORO MO 21713

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 ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.101998

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 30 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DEAN POGGIALI		Date of Receipt MM / DD / YYYY 10 / 11 / 2008		
	Mailing Address 16181 ESKEST ST		Transaction ID: SA11AI.102748		
	City LANSING	State MI	Zip Code 48906-1902	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UAW LOCAL UNION 724	Occupation LOCAL UNION OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 755.00			

B.	Full Name (Last, First, Middle Initial) BRUCE PONTIA		Date of Receipt MM / DD / YYYY 10 / 11 / 2008		
	Mailing Address 200 CHESWICK DRIVE		Transaction ID: SA11AI.100942		
	City MARTINSBURG	State WV	Zip Code 25401	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LOCKHEED MARTIN	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) MARTHA POSTON		Date of Receipt MM / DD / YYYY 10 / 11 / 2008		
	Mailing Address 830 IDLEWILD DRIVE		Transaction ID: SA11AI.102526		
	City MADISON	State TN	Zip Code 37115	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

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 31 / 77

(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 ROGERS

Mailing Address 305 N DELAWARE AVENUE

City State Zip Code
MARTINSBURG WV 25401

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
855.00

Date of Receipt

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

Transaction ID: SA11AI.101106

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
JOSEPH RYPKOWSKI

Mailing Address 2114 WOODCLIFF DRIVE

City State Zip Code
SMYRNA TN 37167

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 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.101879

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
CORY SARGENT

Mailing Address 14627 FIRETHORNE PATH

City State Zip Code
FORT WAYNE IN 46814-8914

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 ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.102411

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: (check only one)	PAGE 32 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 E SMIGIELSKI		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 1178 HERBERT J AVE		Transaction ID: SA11AI.102121		
	City JACKSON	State MI	Zip Code 49202-1928	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

B.	Full Name (Last, First, Middle Initial) ALVIN SMITH		Date of Receipt MM / DD / YYYY 10 / 11 / 2008		
	Mailing Address 390 WAGES ROAD		Transaction ID: SA11AI.101260		
	City AUBURN	State GA	Zip Code 30011	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

C.	Full Name (Last, First, Middle Initial) JAMES SMITH		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 2284 FAIRWAY		Transaction ID: SA11AI.102324		
	City HIGH RIDGE	State MO	Zip Code 63049-3539	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number 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 / 77
(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 SMITH
 Mailing Address 105 GENERALS WAY CT
 City State Zip Code
 FRANKLIN TN 37064-4981
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.101456
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SATURN FACTORY WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

B. Full Name (Last, First, Middle Initial)
 MITCHELL SMITH
 Mailing Address 800 AMELIA ROAD
 City State Zip Code
 LOCUST GROVE GA 30248
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 8
Transaction ID: SA11AI.102188
 Amount of Each Receipt this Period
 75.00
 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) ▼ 225.00

C. Full Name (Last, First, Middle Initial)
 ARTHUR S SNOW
 Mailing Address 398 W APPLE ALY
 City State Zip Code
 MOORESVILLE IN 46158-6918
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.101599
 Amount of Each Receipt this Period
 36.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENERAL MOTORS CORPORATION FACTORY WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 216.00

SUBTOTAL of Receipts This Page (optional) ► 136.00
TOTAL This Period (last page this line number 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 / 77
(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 ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.101236

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
JACQUILIA STANTON

Mailing Address 283 N PRAIRIE RD

City State Zip Code
WARRENTON MO 63383-4335

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 ▼ 270.00

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

Transaction ID: SA11AI.101907

Amount of Each Receipt this Period
45.00

C. Full Name (Last, First, Middle Initial)
MICHAEL STANTON

Mailing Address 283 N PRAIRIE RD

City State Zip Code
WARRENTON MO 63383-4335

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 ▼ 270.00

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

Transaction ID: SA11AI.101001

Amount of Each Receipt this Period
45.00

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 35 / 77

(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 STEELE

Mailing Address 272 HERITAGE ROAD

City State Zip Code
CHAMBERSBURG PA 17201

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

Name of Employer Occupation
EXPRESS CONTAINER 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 0 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.101415

Amount of Each Receipt this Period

75.00

B.

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 ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.102238

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
VICKIE TAYLOR

Mailing Address 4248 STRONG AVE

City State Zip Code
FORT WORTH TX 76105-4251

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

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.102347

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number 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 / 77
(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)
 EUGENE THOMPSON
 Mailing Address 27126 FLORENCE ST
 City State Zip Code
 INKSTER MI 48141-2570
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 0 / 2 0 0 8
Transaction ID: SA11AI.102754
 Amount of Each Receipt this Period
 220.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 220.00

B. Full Name (Last, First, Middle Initial)
 CLARENCE L TOWNS
 Mailing Address 4569 CREEK FORD DR
 City State Zip Code
 DULUTH GA 30096-7204
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.101020
 Amount of Each Receipt this Period
 9.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 272.00

C. Full Name (Last, First, Middle Initial)
 MARIETTA WHALEN
 Mailing Address 309 W 24TH ST
 City State Zip Code
 WILMINGTON DE 19802-4135
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.101572
 Amount of Each Receipt this Period
 5.00
 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

SUBTOTAL of Receipts This Page (optional) ► **234.00**
TOTAL This Period (last page this line number 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 / 77
(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) C H WISE JR		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 435 SOUTHMOOR CIR		Transaction ID: SA11AI.101216
City STOCKBRIDGE	State GA	Zip Code 30281-4973
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) RICK WITT		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 3010 CHIEF TURTLE CT		Transaction ID: SA11AI.101648
City HUNTINGTON	State IN	Zip Code 46750-4127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
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 ▼ 440.00	

C.

Full Name (Last, First, Middle Initial) JAMES WOODALL		Date of Receipt MM / DD / YYYY 10 / 11 / 2008
Mailing Address 536 SADDLEHORN DRIVE		Transaction ID: SA11AI.102225
City CHESAPEAKE	State VA	Zip Code 23322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	405.00
TOTAL This Period (last page this line 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 38 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 ZACHARY		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 1040 OAKDALE DR		Transaction ID: SA11AI.102604		
	City ANDERSON	State IN	Zip Code 46011-1147	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) JEFFERY ZARISKE		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 5613 FORT RD		Transaction ID: SA11AI.102072		
	City SAGINAW	State MI	Zip Code 48601-9315	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 ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) ANDREW ZIEMKIEWICZ		Date of Receipt MM / DD / YYYY 10 / 14 / 2008		
	Mailing Address 3152 WALDMAR ROAD		Transaction ID: SA11AI.102598		
	City TOLEDO	State OH	Zip Code 43615	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	390.00
TOTAL This Period (last page this line number only)	▶	7749.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 77
(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)
UNGER FOR CONGRESS

Mailing Address PO BOX 11530

City State Zip Code
CHARLESTON WV 25339

FEC ID number of contributing federal political committee. **C** C00436378

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA16.102790

Amount of Each Receipt this Period
5000.00

return of campaign contribution

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

**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 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) JOHN DEWOLF	Transaction ID: SB21B.102687 Date of Disbursement 10 / 14 / 2008
	Mailing Address 4995 WILCOX	Amount of Each Disbursement this Period 2669.54
	City MONTAGUE State MI Zip Code 49437	
	Purpose of Disbursement 2008 CONVENTION LABOR MEETING	Category/ Type
	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.	Full Name (Last, First, Middle Initial) GOODWILL PRINTING COMPANY	Transaction ID: SB21B.102679 Date of Disbursement 10 / 10 / 2008
	Mailing Address P.O. BOX 21820	Amount of Each Disbursement this Period 7701.70
	City DETROIT State MI Zip Code 48221-0820	
	Purpose of Disbursement INV#20081826 DOOR HANGERS	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) IMPRESSIONS SPECIALITY ADVERTISING	Transaction ID: SB21B.102669 Date of Disbursement 10 / 06 / 2008
	Mailing Address 8914 S. TELEGRAPH ROAD	Amount of Each Disbursement this Period 1153.26
	City TAYLOR State MI Zip Code 48180	
	Purpose of Disbursement R1D INV#88245-VCAP WATCHES	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11524.50
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)

<p>A. Full Name (Last, First, Middle Initial) SAMUEL LATHEN</p> <p>Mailing Address 1005 NORTH POINT BLVD. SUITE 701</p> <p>City BALTIMORE State MD Zip Code 21224</p> <p>Purpose of Disbursement 2008 CONVENTION LABOR MEETING</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>Transaction ID: SB21B.102685 Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1399.78</p>
<p>B. Full Name (Last, First, Middle Initial) MEDIA, INC.</p> <p>Mailing Address 1101 30TH STREET NW #500</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement See memo text.</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>Transaction ID: SB21B.100798 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period -19300.00</p>
<p>C. Full Name (Last, First, Middle Initial) MUNDY KATOWITZ MEDIA, INC.</p> <p>Mailing Address 904 PENNSYLVANIA AVE., SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement INV#950 MEDIA/EXPS 10/7-10/19</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>Transaction ID: SB21B.102667 Date of Disbursement 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 54950.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

37049.78

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)

<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) MUNDY KATOWITZ MEDIA, INC.	Transaction ID: SB21B.102668
	Mailing Address 904 PENNSYLVANIA AVE., SE	Date of Disbursement 10 / 03 / 2008
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 920742.32
	Purpose of Disbursement INV#949 MEDIA/EXPS 10/7-10/19	Category/ Type
	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.	Full Name (Last, First, Middle Initial) MUNDY KATOWITZ MEDIA, INC.	Transaction ID: SB21B.102681
	Mailing Address 904 PENNSYLVANIA AVE., SE	Date of Disbursement 10 / 13 / 2008
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 83583.33
	Purpose of Disbursement I#999 MEDIA/RELATED EXPS RADIO	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) LEONARD PAGE	Transaction ID: SB21B.102678
	Mailing Address 9482 PAGE ROAD	Date of Disbursement 10 / 10 / 2008
	City CHEBOYGAN State MI Zip Code 49721	Amount of Each Disbursement this Period 2542.97
	Purpose of Disbursement 08 DEM CONVENTION LABOR MTG	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1006868.62
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 77

<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>A. Full Name (Last, First, Middle Initial) EULA TATE</p> <p>Mailing Address 1005 NORTH POINT BLVD. SUITE 701</p> <p>City BALTIMORE State MD Zip Code 21224</p> <p>Purpose of Disbursement 08 DEM CONVENTION LABOR MTG</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>Transaction ID: SB21B.102673</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1678.63</p>
<p>B. Full Name (Last, First, Middle Initial) CONNIE THURMAN</p> <p>Mailing Address 956 TEXARKANA DRIVE</p> <p>City INDIANAPOLIS State IN Zip Code 46231</p> <p>Purpose of Disbursement 08 DEM CONVENTION LABOR MTG</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>Transaction ID: SB21B.102674</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1127.30</p>
<p>C. Full Name (Last, First, Middle Initial) SUE TOLLEFSON</p> <p>Mailing Address 1210 LOGAN</p> <p>City MARQUETTE State MI Zip Code 49855</p> <p>Purpose of Disbursement 2008 CONVENTION LABOR MEETING</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>Transaction ID: SB21B.102683</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1998.42</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4804.35

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)

A.	Full Name (Last, First, Middle Initial) UAW LOCAL 644	Transaction ID: SB21B.102690 Date of Disbursement 10 / 14 / 2008
	Mailing Address 1200 EAST HIGH STREET	Amount of Each Disbursement this Period 6327.65
	City POTTSTOWN State PA Zip Code 19464-4954	
	Purpose of Disbursement LEASED RESTRICTED CLASS EMP	
	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) UAW LOCAL 723	Transaction ID: SB21B.102670 Date of Disbursement 10 / 06 / 2008
	Mailing Address 281 DETROIT	Amount of Each Disbursement this Period 1634.03
	City MONROE State MI Zip Code 48161	
	Purpose of Disbursement LEASED RESTRICTED CLASS EMP	
	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) UAW LOCAL 723	Transaction ID: SB21B.102671 Date of Disbursement 10 / 06 / 2008
	Mailing Address 281 DETROIT	Amount of Each Disbursement this Period 1146.95
	City MONROE State MI Zip Code 48161	
	Purpose of Disbursement LEASED RESTRICTED CLASS EMP	
	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)	9108.63
TOTAL This Period (last page this line number only)	1078692.70

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) UAW MICHIGAN V-PAC <hr/> Mailing Address 8000 E. JEFFERSON <hr/> City DETROIT State MI Zip Code 48214 <hr/> Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE 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: SB22.102691 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 400000.00
B. Full Name (Last, First, Middle Initial) UAW MICHIGAN V-PAC <hr/> Mailing Address 8000 E. JEFFERSON <hr/> City DETROIT State MI Zip Code 48214 <hr/> Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE 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: SB22.102692 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 300000.00

SUBTOTAL of Disbursements This Page (optional) ▶

700000.00

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

700000.00

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)

<p>A. Full Name (Last, First, Middle Initial) ALAN GRAYSON FOR U.S. CONGRESS</p> <p>Mailing Address 2206 E. COLONIAL DRIVE</p> <p>City ORLANDO State FL Zip Code 32803</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ALAN MARK GRAYSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.102705</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) AL FRANKEN FOR SENATE</p> <p>Mailing Address PO BOX 583144</p> <p>City MINNEAPOLIS State MN Zip Code 55458</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name AL FRANKEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.102725</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BARRY WELSH FOR CONGRESS</p> <p>Mailing Address PO BOX 707</p> <p>City CONNERSVILLE State IN Zip Code 47133</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BARRY ALAN WELSH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.102719</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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) BECKY GREENWALD FOR CONGRESS Mailing Address PO BOX 608 City PERRY State IA Zip Code 50220 Purpose of Disbursement CONTRIBUTION Candidate Name REBECCA GREENWALD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt	Transaction ID: SB23.102712 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00

B. Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS Mailing Address P.O. BOX 70426 City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement CONTRIBUTION Candidate Name CHET EDWARDS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.102740 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00

C. Full Name (Last, First, Middle Initial) CIRO RODRIGUEZ FOR CONGRESS Mailing Address P O BOX 14528 City SAN ANTONIO State TX Zip Code 78214 Purpose of Disbursement CONTRIBUTION Candidate Name CIRO D RODRIGUEZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.102739 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR BOBBY RUSH	Transaction ID: SB23.102715
	Mailing Address 514 EAST 95TH STREET	Date of Disbursement 10 / 09 / 2008
	City CHICAGO State IL Zip Code 60619	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name BOBBY LEE RUSH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: IL District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS	Transaction ID: SB23.102713
	Mailing Address PO BOX 2842	Date of Disbursement 10 / 06 / 2008
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name DANNY K DAVIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: IL District: 07	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.102735
	Mailing Address 1018 BENZ AVE.	Date of Disbursement 10 / 14 / 2008
	City CINCINNATI State OH Zip Code 45238	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name STEVEN LEO DRIEHAUS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: OH District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

**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>A. Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.102720</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRED JOHNSON FOR CONGRESS</p> <p>Mailing Address PO BOX 2474</p> <p>City HOLLAND State MI Zip Code 49422</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FRED L III PHD JOHNSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.102723</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN</p> <p>Mailing Address PO BOX 37</p> <p>City ST CLAIR State PA Zip Code 17970</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name T. TIMOTHY HOLDEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.102736</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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 DICK DURBIN Mailing Address PO BOX 75214 City WASHINGTON State DC Zip Code 20013-5214 Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD J DURBIN Office Sought: <input type="checkbox"/> House <input checked="" 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: IL District: 00	Transaction ID: SB23.102716 Date of Disbursement 10 / 09 / 2008	
		Amount of Each Disbursement this Period 2500.00	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF FARR Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 302 City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name SAM FARR 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: CA District: 17	Transaction ID: SB23.102697 Date of Disbursement 10 / 09 / 2008	
		Amount of Each Disbursement this Period 1000.00	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE Mailing Address PO BOX 68444 City VIRGINIA BEACH State VA Zip Code 23471 Purpose of Disbursement CONTRIBUTION Candidate Name GLENN CARLYLE III NYE 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: VA District: 02	Transaction ID: SB23.102741 Date of Disbursement 10 / 06 / 2008	
		Amount of Each Disbursement this Period 2500.00	

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)

<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: SB23.102710
	Mailing Address PO BOX 677	Date of Disbursement 10 / 07 / 2008
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO	Transaction ID: SB23.102789
	Mailing Address PO BOX 677	Date of Disbursement 10 / 07 / 2008
	City HONOLULU State HI Zip Code 96809	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement voided contribution ck #29492 dt 9/12/08	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) GILLIBRAND FOR CONGRESS	Transaction ID: SB23.102730
	Mailing Address 514 WARREN STREET	Date of Disbursement 10 / 09 / 2008
	City HUDSON State NY Zip Code 12534	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name KIRSTEN ELIZABETH GILLIBRAND	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

A.	Full Name (Last, First, Middle Initial) HUBLER FOR CONGRESS	Transaction ID: SB23.102711 Date of Disbursement 10 / 14 / 2008
	Mailing Address PO BOX 2041	Amount of Each Disbursement this Period 2500.00
	City COUNCIL BLUFF State IA Zip Code 51502	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ROB LEWIS HUBLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JESSE JACKSON, JR FOR CONGRESS	Transaction ID: SB23.102714 Date of Disbursement 10 / 06 / 2008
	Mailing Address 421 NEW JERSEY AVENUE SE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JESSE L JR JACKSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSE JACKSON, JR FOR CONGRESS	Transaction ID: SB23.102717 Date of Disbursement 10 / 14 / 2008
	Mailing Address 421 NEW JERSEY AVENUE SE	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JESSE L JR JACKSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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) JIM HIMES FOR CONGRESS	Transaction ID: SB23.102701 Date of Disbursement 10 / 06 / 2008
	Mailing Address BOX 456 65 HIGH RIDGE ROAD	Amount of Each Disbursement this Period 5000.00
	City STAMFORD	State CT
	Zip Code 06905	
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JIM HIMES	
	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: CT District: 04	

B.	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE	Transaction ID: SB23.102724 Date of Disbursement 10 / 14 / 2008
	Mailing Address PO BOX 75214	Amount of Each Disbursement this Period 4000.00
	City WASHINGTON	State DC
	Zip Code 20013-5214	
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JOHN D MR. DINGELL	
	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: MI District: 15	

C.	Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS	Transaction ID: SB23.102737 Date of Disbursement 10 / 09 / 2008
	Mailing Address 1921 W. 8TH STREET	Amount of Each Disbursement this Period 5000.00
	City ERIE	State PA
	Zip Code 16505	
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name KATHLEEN ANN DAHLKEMPER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt
	State: PA District: 03	

SUBTOTAL of Disbursements This Page (optional)	▶	14000.00
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) KIRKPATRICK FOR ARIZONA	Transaction ID: SB23.102694 Date of Disbursement 10 / 09 / 2008
	Mailing Address 141 S. MC CORMICK ST. SUITE 100	Amount of Each Disbursement this Period 3000.00
	City PRESCOTT State AZ Zip Code 86303	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ANN KIRKPATRICK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) KRYZAN FOR CONGRESS	Transaction ID: SB23.102729 Date of Disbursement 10 / 06 / 2008
	Mailing Address 5888 MAIN STREET	Amount of Each Disbursement this Period 5000.00
	City WILLIMASVILLE State KY Zip Code 14221	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ALICE J KRYZAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) LARKIN FOR CONGRESS	Transaction ID: SB23.102722 Date of Disbursement 10 / 06 / 2008
	Mailing Address 33680 FIVE MILE ROAD	Amount of Each Disbursement this Period 2500.00
	City LIVONIA State MI Zip Code 48154	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOSEPH WILLIAM LARKIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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)
LAURA RICHARDSON FOR CONGRESS

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement CONTRIBUTION

Candidate Name LAURA RICHARDSON

Office Sought: House Senate President
State: CA District: 37

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.102696
Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

5000.00

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

Mailing Address PO BOX 2776

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement CONTRIBUTION

Candidate Name FRANK A, LOBIONDO

Office Sought: House Senate President
State: NJ District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.102727
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
MADIA FOR U.S. CONGRESS

Mailing Address PO BOX 2459

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement CONTRIBUTION

Candidate Name JIGAR ASHWIN MADIA

Office Sought: House Senate President
State: MN District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.102726
Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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) MARKEY FOR CONGRESS	Transaction ID: SB23.102700
	Mailing Address PO BOX 1333	Date of Disbursement 10 / 06 / 2008
	City FORT COLLINS State CO Zip Code 80522	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name ELIZABETH HELEN MARKEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B.	Full Name (Last, First, Middle Initial) MC MAHON FOR CONGRESS	Transaction ID: SB23.102732
	Mailing Address 585 NORTH GANNON AVENUE	Date of Disbursement 10 / 09 / 2008
	City STATEN ISLAND State NY Zip Code 10314	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL E MCMAHON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C.	Full Name (Last, First, Middle Initial) NEUHARDT FOR CONGRESS	Transaction ID: SB23.102734
	Mailing Address PO BOX 2430	Date of Disbursement 10 / 09 / 2008
	City SPRINGFIELD State OH Zip Code 45501	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name SHAREN SWARTZ NEUHARDT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional)	9500.00
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) NORIEGA FOR TEXAS Mailing Address PO BOX 231163 City HOUSTON State TX Zip Code 77223 Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD JOEL NORIEGA Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.102738 Date of Disbursement 10 / 09 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) PHIL PAC Mailing Address 499 SOUTH CAPITOL ST. SW SUITE 412 City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement CONTRIBUTION 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) ▼	Transaction ID: SB23.102703 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS Mailing Address 150 EAST CORSON STREET City PASADENA State CA Zip Code 91103 Purpose of Disbursement CONTRIBUTION Candidate Name ADAM SCHIFF Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.102695 Date of Disbursement 10 / 09 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) SHERMAN FOR CONGRESS COMMITTEE	Transaction ID: SB23.102698 Date of Disbursement 10 / 14 / 2008
	Mailing Address 20929 VENTURA BLVD, BOX 615	Amount of Each Disbursement this Period 5000.00
	City WOODLAND HILLS State CA Zip Code 91364	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name BRAD MR SHERMAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TADDEO FOR CONGRESS	Transaction ID: SB23.102709 Date of Disbursement 10 / 14 / 2008
	Mailing Address 211511 SOUTH DIXIE HIGHWAY	Amount of Each Disbursement this Period 5000.00
	City MIAMI State FL Zip Code 33156	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ANNETTE TADDEO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM CUNHA FOR CONGRESS	Transaction ID: SB23.102707 Date of Disbursement 10 / 14 / 2008
	Mailing Address 2433 SE SE 20TH CIRCLE PO BOX 6546	Amount of Each Disbursement this Period 5000.00
	City OCALA State FL Zip Code 34478	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name TIMOTHY M CUNHA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2008 <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)	126000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CERB ASSOCIATES			Nature of Debt (Purpose): PAY OFF IN NEXT REPORTING PERIOD
Mailing Address 31 OAKDALE			
City PLEASANT RIDGE	State MI	ZIP Code 48069	

Outstanding Balance Beginning This Period 1750.00		Transaction ID: SD10.100903	
Amount Incurred This Period 0.00	Payment This Period 1750.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor GOODWILL PRINTING COMPANY			Nature of Debt (Purpose): PAY OFF IN NEXT REPORTING PERIOD
Mailing Address P.O. BOX 21820			
City DETROIT	State MI	ZIP Code 48221-0820	

Outstanding Balance Beginning This Period 5600.04		Transaction ID: SD10.100904	
Amount Incurred This Period 0.00	Payment This Period 5600.04	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CERB ASSOCIATES

Mailing Address
31 OAKDALE

City State Zip Code
PLEASANT RIDGE MI 48069

Purpose of Expenditure
Design W-T-W Buttons, Postcards & Brochu

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought **105707.24**

Date
M M / D D / Y Y Y Y
10 / 06 / 2008

Amount
1750.00

Transaction ID: SE.102784

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
EDWARD KOWALSKI

Mailing Address
27315 VIRGINIA DR.

City State Zip Code
WARREN MI 48092-3597

Purpose of Expenditure
SOLIDARITY MAG WEB DEVELOPMENT SEPT/OCT

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought **663232.39**

Date
M M / D D / Y Y Y Y
10 / 08 / 2008

Amount
2035.00

Transaction ID: SE.100873

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) **SUBTOTAL** of Itemized Independent Expenditures **3785.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date **10 / 23 / 2008**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
EDWARD KOWALSKI

Mailing Address
27315 VIRGINIA DR.

City WARREN	State MI	Zip Code 48092-3597
----------------	-------------	------------------------

Purpose of Expenditure WORKERS VOTE WEB DEVELOPEMENT	Category/Type 004
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	1381802.63
--	------------

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

Amount
1375.00

Transaction ID: SE.100881

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
GOODWILL PRINTING COMPANY

Mailing Address
P.O. BOX 21820

City DETROIT	State MI	Zip Code 48221-0820
-----------------	-------------	------------------------

Purpose of Expenditure W-T-W Brochures & Pi-edge Cards	Category/Type 004
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	105707.24
--	-----------

Date
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Amount
5600.04

Transaction ID: SE.102785

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	6975.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
IMPRESSIONS SPECIALITY ADVERTISING

Mailing Address
8914 S. TELEGRAPH ROAD

City TAYLOR	State MI	Zip Code 48180
----------------	-------------	-------------------

Purpose of Expenditure OBAMA/BIDEN STICKERS	Category/ Type 006
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	111027.77
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Amount
5320.53

Transaction ID: SE.100765

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
IMPRESSIONS SPECIALITY ADVERTISING

Mailing Address
8914 S. TELEGRAPH ROAD

City TAYLOR	State MI	Zip Code 48180
----------------	-------------	-------------------

Purpose of Expenditure OBAMA BUTTONS	Category/ Type 006
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	118222.77
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Amount
7195.00

Transaction ID: SE.100766

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	12515.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
IMPRESSIONS SPECIALITY ADVERTISING

Mailing Address
8914 S. TELEGRAPH ROAD

City State Zip Code
TAYLOR MI 48180

Purpose of Expenditure Category/Type
WOMEN-TO-WOMEN BUTT-NS 006

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought
1090826.13

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

Amount
4506.00

Transaction ID: SE.100880
Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
MACK CROUNSE GROUP

Mailing Address
2001 N. BEAUREGARD ST.
SUITE 420

City State Zip Code
ALEXANDRIA VA 22311

Purpose of Expenditure Category/Type
POSTCARD MAILER SOCIAL SECURITY/MEDICARE 006

Name of Federal Candidate supported or Opposed by expenditure:
JOHN S. MCCAIN

Calendar Year-To-Date Per Election for Office Sought
1086320.13

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

Amount
423087.74

Transaction ID: SE.100876
Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	427593.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MEDIA, INC.

Mailing Address
1101 30TH STREET NW #500

City WASHINGTON	State DC	Zip Code 20007
--------------------	-------------	-------------------

Purpose of Expenditure Production costs radio/TV spots	Category/Type 004
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	137522.77
--	-----------

Date
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Amount
19300.00

Transaction ID: SE.100799

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
MEDIA, INC.

Mailing Address
1101 30TH STREET NW #500

City WASHINGTON	State DC	Zip Code 20007
--------------------	-------------	-------------------

Purpose of Expenditure RADIO & TV PRODUCTION COSTS	Category/Type 004
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	165959.77
--	-----------

Date
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Amount
28437.00

Transaction ID: SE.100801

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	47737.00
---	----------

(b) SUBTOTAL of Unitemized Independent Expenditures	
---	--

(c) TOTAL Independent Expenditures	
--	--

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type	004
--	-------------------	-----

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	409882.85
---	-----------

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	8

Amount

243923.08

Transaction ID: SE.100835

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type	004
--	-------------------	-----

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	653805.93
---	-----------

Date

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

Amount

243923.08

Transaction ID: SE.100836

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	487846.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Date

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

Mailing Address
904 PENNSYLVANIA AVE., SE

Amount

243923.08

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Transaction ID: SE.100837

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type 004
--	--------------------------

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	1380427.63
---	------------

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Date

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

Mailing Address
904 PENNSYLVANIA AVE., SE

Amount

243923.08

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Transaction ID: SE.100838

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type 004
--	--------------------------

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	1671478.21
---	------------

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	487846.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought 1915401.29

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

Amount
243923.08

Transaction ID: SE.100839

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City WASHINGTON	State DC	Zip Code 20003
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Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought 2159324.37

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

Amount
243923.08

Transaction ID: SE.100840

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	487846.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type	004
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Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	2403247.45
---	------------

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Amount

243923.08

Transaction ID: SE.100841

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type	004
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Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	2647170.53
---	------------

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount

243923.08

Transaction ID: SE.100842

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	487846.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City WASHINGTON	State DC	Zip Code 20003
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Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	2668066.36
---	------------

Date
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Amount
20895.83

Transaction ID: SE.100910

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City WASHINGTON	State DC	Zip Code 20003
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Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	2911989.40
---	------------

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

Amount
243923.04

Transaction ID: SE.100843

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	264818.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
904 PENNSYLVANIA AVE., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Expenditure ELECTION MEDIA BUY	Category/ Type	004
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Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	2932885.23
---	------------

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

Amount
20895.83

Transaction ID: SE.100911

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
ORGANIZATION SERVICES

Mailing Address
14400 WOODROW WILSON

City	State	Zip Code
DETROIT	MI	48238

Purpose of Expenditure YARD SIGNS	Category/ Type	006
--------------------------------------	-------------------	-----

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	1136504.55
---	------------

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

Amount
45678.42

Transaction ID: SE.100884

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	66574.25
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee SPRINGHILL GRAPHICS		
Mailing Address 9780 FORD ROAD		
City YPSILANTI	State MI	Zip Code 48198
Purpose of Expenditure DESIGN/LAYOUT FAMILY VOTER GUIDES		Category/Type 006
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		
Calendar Year-To-Date Per Election for Office Sought		661197.39

Date M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8
Amount 6185.00
Transaction ID: SE.100871
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008

Full Name (Last, First, Middle, Initial) of Payee THE EGT GROUP, INC.		
Mailing Address 32031 TOWNLEY		
City MADISON HEIGHTS	State MI	Zip Code 48071
Purpose of Expenditure VOTER GUIDES		Category/Type 003
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		
Calendar Year-To-Date Per Election for Office Sought		1427555.13

Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
Amount 45752.50
Transaction ID: SE.100882
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008

(a) SUBTOTAL of Itemized Independent Expenditures	51937.50
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
 Signature _____ Date M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)	FEC IDENTIFICATION NUMBER C C0002840
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
UNLIMITED GRAPHICS, INC.

Mailing Address
PO BOX 10

City LA CENTER	State KY	Zip Code 42056
-------------------	-------------	-------------------

Purpose of Expenditure LUNCH BOX STICKERS	Category/ Type 006
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Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	654144.07
---	-----------

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

Amount
338.14

Transaction ID: SE.100868

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
UNLIMITED GRAPHICS, INC.

Mailing Address
PO BOX 10

City LA CENTER	State KY	Zip Code 42056
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Purpose of Expenditure LUNCH BOX STICKERS	Category/ Type 006
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	655012.39
---	-----------

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

Amount
868.32

Transaction ID: SE.100870

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	1206.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2834528.03

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Bunn
Signature

Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Image# 28992921847

Form/Schedule: **SA16**

Transaction ID: **SA16.102790**

Original contribution made on 12/10/07 ck #28644.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.100798**

This amount was previously reported as an operating expenditure on the 10/15/08 quarterly report for pre-payment of an independent expenditure that was not disseminated until a subsequent period. On 10/7/08, the information was disseminated and a 48 hour notice was filed. The amount is reported on Schedule E in the current reporting period as an independent expenditure and on line 21b as a negative operating expenditure.

Image# 28992921848

Form/Schedule: **SB21B**
Transaction ID: **SB21B.102667**

Note: This is prepayment of an independent expenditure that will not be disseminated until a subsequent period.

Form/Schedule: **SB21B**
Transaction ID: **SB21B.102668**

Note: This is prepayment of an independent expenditure that will not be disseminated until a subsequent period.

Image# 28992921849

Form/Schedule: **SB21B**
Transaction ID: **SB21B.102681**

Note: This is prepayment of an independent expenditure that will not be disseminated until a subsequent period.

Form/Schedule: **SE**
Transaction ID: **SE.102784**

Amount reported on Schedule E in prior period as a memo item. A 48 hour notice was filed based on date of dissemination of 9/29/08. The amount was also reported on Schedule D in a prior period as a debt to be paid off in a subsequent reporting period. Invoice was subsequently paid on 10/6/08 and is included on Schedule E in the current reporting period as an independent expenditure. Schedule D also reflects that the debt was settled in the current reporting period.

Form/Schedule: **SE**
Transaction ID: **SE.102785**

Amount reported on Schedule E in prior period as a memo item. A 48 hour notice was filed based on date of dissemination of 9/29/08. The amount was also reported on Schedule D in a prior period as a debt to be paid off in a subsequent reporting period. Invoice was subsequently paid on 10/6/08 and is included on Schedule E in the current reporting period as an independent expenditure. Schedule D also reflects that the debt was settled in the current reporting period.

Form/Schedule: **SE**
Transaction ID: **SE.100799**

This amount was previously reported as an operating expenditure on the 10/15/08 quarterly report for prepayment of an independent expenditure that was not disseminated until a subsequent period. On 10/7/08, the information was disseminated and a 48 hour notice was filed. This amount is reported on Schedule E in the current reporting period as an independent expenditure and on line 21b as a negative operating expenditure.