

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2005 through 12 31 2005

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

Type or Print Name of Treasurer Elizabeth Bunn

Signature of Treasurer Electronically Filed by Elizabeth Bunn Date 10 02 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		9258308.30
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	9779665.02									
(c) Total Receipts (from Line 19) .....	3202668.09	5565936.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12982333.11	14824244.54								
7. Total Disbursements (from Line 31) .....	1780824.87	3622736.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11201508.24	11201508.24								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	72465.93	100959.43
(i) Itemized (use Schedule A) .....	2948321.82	5258748.02
(ii) Unitemized .....	3020787.75	5359707.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3020787.75	5359707.45
12. Transfers From Affiliated/Other Party Committees .....	150000.00	150000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	100.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	31780.34	56128.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3202668.09	5565936.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3202668.09	5565936.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	395128.86	810044.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	395128.86	810044.01
22. Transfers to Affiliated/Other Party Committees.....	300000.00	1194832.17
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	372900.00	872950.00
24. Independent Expenditure (use Schedule E) .....	0.00	3361.46
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	712796.01	741548.66
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1780824.87	3622736.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1780824.87	3622736.30

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3020787.75	5359707.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3020787.75	5359707.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	395128.86	810044.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	100.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	395028.86	809944.01

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. SHEILA ABRAHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2005
Mailing Address 1914 CONE ST		<b>Transaction ID:</b> SA11A1.49531
City TOLEDO	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. SHEILA ABRAHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2005
Mailing Address 1914 CONE ST		<b>Transaction ID:</b> SA11A1.53456
City TOLEDO	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. SHEILA ABRAHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2005
Mailing Address 1914 CONE ST		<b>Transaction ID:</b> SA11A1.58187
City TOLEDO	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SHEILA ABRAHAM</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2005
Mailing Address 1914 CONE ST		<b>Transaction ID:</b> SA11A1.53457
City TOLEDO	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. SHEILA ABRAHAM</b>		Date of Receipt MM / DD / YYYY 12 / 16 / 2005
Mailing Address 1914 CONE ST		<b>Transaction ID:</b> SA11A1.60557
City TOLEDO	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. CRAIG ADKINS</b>		Date of Receipt MM / DD / YYYY 11 / 17 / 2005
Mailing Address 8115 JERICHO RD		<b>Transaction ID:</b> SA11A1.49415
City HICKSVILLE	State OH	Zip Code 43526-9303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.85
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	78.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	283.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	660.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL D ASHTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 107 W MONUMENT ST		<b>Transaction ID: SA11A1.59570</b>	
City State Zip Code PLEASANT HILL OH 45359-9639	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GOODRICH B F CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95		

Full Name (Last, First, Middle Initial) <b>B. BRIAN BABCOCK</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 319 MICHIGAN ST.		<b>Transaction ID: SA11A1.61129</b>	
City State Zip Code PORTER IN 46304	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. BRIAN BABCOCK</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 319 MICHIGAN ST.		<b>Transaction ID: SA11A1.52780</b>	
City State Zip Code PORTER IN 46304	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	173.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 319 MICHIGAN ST.

City PORTER State IN Zip Code 46304

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

Name of Employer LEAR CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11A1.61130

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
NICK L BADOLATO

Mailing Address 9647 MICHELLE WAY

City BUNKER HILL State IL Zip Code 62014-2720

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

Name of Employer LEAR CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.54120

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
NICK L BADOLATO

Mailing Address 9647 MICHELLE WAY

City BUNKER HILL State IL Zip Code 62014-2720

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

Name of Employer LEAR CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.55361

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 423
	<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)  
FREDERICK E BARNELL

Mailing Address 912 NORTHWEST 5TH ST.

City MOORE State OK Zip Code 73160

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11A1.59719

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
FREDERICK E BARNELL

Mailing Address 912 NORTHWEST 5TH ST.

City MOORE State OK Zip Code 73160

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11A1.52549

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
KEVIN D BARNETT

Mailing Address 124 CRAVER LN

City TROUTMAN State NC Zip Code 28166-7713

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

Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11A1.61989

Amount of Each Receipt this Period  
300.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	74.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
CHRISTINA BAUCOM

Mailing Address 1512 UPTON AVENUE

City Toledo State OH Zip Code 43607-1769

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

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

Transaction ID: SA11A1.55669

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
CHRISTINA BAUCOM

Mailing Address 1512 UPTON AVENUE

City Toledo State OH Zip Code 43607-1769

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

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

Transaction ID: SA11A1.55670

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1512 UPTON AVENUE

City Toledo State OH Zip Code 43607-1769

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 316.00

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

Transaction ID: SA11A1.50673

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) GRAYDON BEARDON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address PO BOX 456		<b>Transaction ID:</b> SA11A1.54773
City WINCHESTER	State CA	Zip Code 92596
FEC ID number of contributing federal political committee. <b>C</b>		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>B.</b> Full Name (Last, First, Middle Initial) PETER BEHRENSPRUNG		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 1628 MICHIGAN AVENUE		<b>Transaction ID:</b> SA11A1.60265
City SHEBOYGAN	State WI	Zip Code 53081-3273
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer KOHLER CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. PETER BEHRENSPRUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 5	
Mailing Address 1628 MICHIGAN AVENUE		<b>Transaction ID: SA11A1.59065</b>	
City SHEBOYGAN	State WI	Amount of Each Receipt this Period 50.00	
Zip Code 53081-3273			
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. PETER BEHRENSPRUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 5	
Mailing Address 1628 MICHIGAN AVENUE		<b>Transaction ID: SA11A1.56758</b>	
City SHEBOYGAN	State WI	Amount of Each Receipt this Period 50.00	
Zip Code 53081-3273			
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. PETER BEHRENSPRUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 1628 MICHIGAN AVENUE		<b>Transaction ID: SA11A1.60266</b>	
City SHEBOYGAN	State WI	Amount of Each Receipt this Period 50.00	
Zip Code 53081-3273			
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 423
	<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)  
PETER BEHRENSPRUNG

Mailing Address 1628 MICHIGAN AVENUE

City State Zip Code  
SHEBOYGAN WI 53081-3273

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

Name of Employer Occupation  
KOHLER CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11A1.49153

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1628 MICHIGAN AVENUE

City State Zip Code  
SHEBOYGAN WI 53081-3273

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

Name of Employer Occupation  
KOHLER CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

**Transaction ID:** SA11A1.50568

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
CLARENCE L BENTON

Mailing Address 4526 REDSTONE CT

City State Zip Code  
FORT WAYNE IN 46835-4273

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 5

**Transaction ID:** SA11A1.52589

Amount of Each Receipt this Period  
15.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>351.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 423						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b> Full Name (Last, First, Middle Initial) OWEN BIEBER		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2005	
Mailing Address 901 AMBER RIDGE DR SW		<b>Transaction ID:</b> SA11A1.62079	
City BYRON CENTER	State MI	Zip Code 49315-9796	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Full Name (Last, First, Middle Initial) WAYNE BIEGER		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2005	
Mailing Address 670 PARADISE RD		<b>Transaction ID:</b> SA11A1.59150	
City EAST AMHERST	State NY	Zip Code 14051-1604	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	42.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	37.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MARTIN R BLOOMFIELD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 5325 E 800 S		<b>Transaction ID:</b> SA11A1.46849
City State Zip Code COLUMBIA CITY IN 46725-9248	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>B.</b> Full Name (Last, First, Middle Initial) FRED H BOBBITT		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 124 SOUTH BRENTWOOD DR		<b>Transaction ID:</b> SA11A1.54109
City State Zip Code OKLAHOMA CITY OK 73139	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) FRED H BOBBITT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 124 SOUTH BRENTWOOD DR		<b>Transaction ID:</b> SA11A1.56547
City State Zip Code OKLAHOMA CITY OK 73139	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 423</span>
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**DELL L BOWERS**

Mailing Address **2909 ST R66-N**

City **DEFIANCE** State **OH** Zip Code **43512**

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

Name of Employer **METAL MANAGEMENT, INC** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.31**

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

**Transaction ID: SA11A1.56639**

Amount of Each Receipt this Period  
**23.08**

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH BOWLING**

Mailing Address **3550 FIELDBROOKE LN**

City **OREGON** State **OH** Zip Code **43616**

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

Name of Employer **TECUMSEH PRODUCTS CO** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 06 / 2005**

**Transaction ID: SA11A1.59354**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **6242 STOVER AVE**

City **CINCINNATI** State **OH** Zip Code **45237-4826**

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

Name of Employer **GENERAL ELECTRIC CO** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

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

**Transaction ID: SA11A1.54101**

Amount of Each Receipt this Period  
**24.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>72.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 423
	<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)  
 LOREN M BOYKIN, SR.  
 Mailing Address 1846 MACOMBER  
 City TOLEDO State OH Zip Code 43606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAW LOCAL UNION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5  
**Transaction ID: SA11A1.47245**  
 Amount of Each Receipt this Period  
 12.50

**B.** Full Name (Last, First, Middle Initial)  
 LOREN M BOYKIN, SR.  
 Mailing Address 1846 MACOMBER  
 City TOLEDO State OH Zip Code 43606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAW LOCAL UNION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 9 / 2 0 0 5  
**Transaction ID: SA11A1.46757**  
 Amount of Each Receipt this Period  
 12.50

**C.** Full Name (Last, First, Middle Initial)  
 KENNETH L BRADFORD  
 Mailing Address 3325 PETE SHAW RD  
 City MARIETTA State GA Zip Code 30066-2354  
 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 ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 0 / 2 0 0 5  
**Transaction ID: SA11A1.56783**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	223.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 119 WILLOW LANE

City State Zip Code  
WAXAHACHIE TX 75165-9651

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

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: SA11A1.61383

Amount of Each Receipt this Period  
24.00

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

Mailing Address 9418 FARMSTEAD ROAD

City State Zip Code  
LOUISVILLE KY 40291-3099

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

Name of Employer Occupation  
FORD MOTOR COMPANY  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.56560

Amount of Each Receipt this Period  
300.00

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

Mailing Address 4647 HANNAFORD

City State Zip Code  
TOLEDO OH 43623

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

Name of Employer Occupation  
UAW LOCAL UNION  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

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

Transaction ID: SA11A1.51131

Amount of Each Receipt this Period  
12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **336.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4647 HANNAFORD

City Toledo State OH Zip Code 43623

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

Name of Employer UAW LOCAL UNION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.54905

Amount of Each Receipt this Period  
12.50

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

Mailing Address 10304 GLEN ARBOR PASS

City Fort Wayne State IN Zip Code 46814-9539

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.25

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

Transaction ID: SA11A1.52638

Amount of Each Receipt this Period  
350.00

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

Mailing Address 10304 GLEN ARBOR PASS

City Fort Wayne State IN Zip Code 46814-9539

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.75

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

Transaction ID: SA11A1.50091

Amount of Each Receipt this Period  
0.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>363.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	25.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	25.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
GEORGE E BROWN

Mailing Address 308 E KNIGHT ST

City State Zip Code  
EATON RAPIDS MI 48827-1325

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** SA11A1.52258

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN W BROWN

Mailing Address 9946 JACKSON ST

City State Zip Code  
CAMP DENNISON OH 45111-9716

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

Name of Employer Occupation  
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11A1.57965

Amount of Each Receipt this Period  
24.00

**C.** Full Name (Last, First, Middle Initial)  
MAX E BROWN

Mailing Address 3960 FOREST MANOR AVE

City State Zip Code  
INDIANAPOLIS IN 46226-4436

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11A1.60259

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	79.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 408 MONTICELLO AVENUE		<b>Transaction ID: SA11A1.58072</b>
City MADISON State TN Zip Code 37115	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PETERBILT MOTOR COMPANY Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. V Brown</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 3502 LANDERS LN		<b>Transaction ID: SA11A1.61395</b>
City ARLINGTON State TX Zip Code 76014-3520	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VOUGHT AIRCRAFT COMPANY Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARK BUFORD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 3 ST. ANDREWS		<b>Transaction ID: SA11A1.47921</b>
City TEMPERANCE State MI Zip Code 48182	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LEAR Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) ROB BURLESON Mailing Address 470 N CEMETERY RD City State Zip Code DEFORD MI 48729-9777 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 <b>Transaction ID: SA11A1.55047</b> Amount of Each Receipt this Period 90.00
Name of Employer Occupation UAW Local 9699 Local Union Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00		

<b>B.</b> Full Name (Last, First, Middle Initial) JAMES BURTON Mailing Address 7242 STAHELIN AVE City State Zip Code DETROIT MI 48228-3308 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 <b>Transaction ID: SA11A1.62101</b> Amount of Each Receipt this Period 175.00
Name of Employer Occupation RETIRED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 368.00		

<b>C.</b> Full Name (Last, First, Middle Initial) DAVID J BUSBY Mailing Address 900 GONZAGA LN City State Zip Code FLORISSANT MO 63031-7224 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5 <b>Transaction ID: SA11A1.50443</b> Amount of Each Receipt this Period 25.00
Name of Employer Occupation LEAR CORPORATION FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>290.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 GONZAGA LN

City State Zip Code  
FLORISSANT MO 63031-7224

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11A1.50444

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
ARCHIE BUTTRAM

Mailing Address 1205 NE 77TH ST.

City State Zip Code  
GLADSTONE MO 64118

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11A1.56847

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1036 AVILA TERRAZA

City State Zip Code  
FREMONT CA 94538

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

Name of Employer Occupation  
NEW UNITED MOTOR MFG FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11A1.50116

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	675.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	627.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address **3671 HEATHER TRAIL DRIVE**

City **FLORRISANT** State **MO** Zip Code **63031-1216**

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

Name of Employer **LEAR CORP.** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID: SA11A1.52292**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN J CARAMATTI**

Mailing Address **7005 RANDOLPH DR**

City **BARNHART** State **MO** Zip Code **63012-1449**

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 ▼ **228.00**

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

**Transaction ID: SA11A1.54556**

Amount of Each Receipt this Period  
**38.00**

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

Mailing Address **1221 NE 43RD ST.**

City **KANSAS CITY** State **MO** Zip Code **64116**

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

Name of Employer Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 24 / 2005**

**Transaction ID: SA11A1.54473**

Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>638.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>B. THOMAS CARTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 19387 MILLER RD		<b>Transaction ID: SA11A1.60080</b>	
City State Zip Code WAPAKONETA OH 45895-9004		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	

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
 A Carter Jr

Mailing Address 742 OAK ST

City TOLEDO State OH Zip Code 43605-2604

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

Name of Employer GENERAL DYNAMICS CORP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.58184

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
 Kathleen Casey

Mailing Address 1301 28TH ST

City SAN DIEGO State CA Zip Code 92102

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

Name of Employer UNIVERSITY OF CALIFORNIA Occupation CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.49132

Amount of Each Receipt this Period  
 135.00

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

Mailing Address 1301 28TH ST

City SAN DIEGO State CA Zip Code 92102

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

Name of Employer UNIVERSITY OF CALIFORNIA Occupation CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

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

Transaction ID: SA11A1.56741

Amount of Each Receipt this Period  
 15.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DAVID CHADWELL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 4351 POST RAIL LN		<b>Transaction ID: SA11A1.52561</b>	
City FRANKLIN	State OH	Zip Code 45005-4950	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER BREWING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID CHADWELL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2005	
Mailing Address 4351 POST RAIL LN		<b>Transaction ID: SA11A1.60947</b>	
City FRANKLIN	State OH	Zip Code 45005-4950	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER BREWING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID CHADWELL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2005	
Mailing Address 4351 POST RAIL LN		<b>Transaction ID: SA11A1.55051</b>	
City FRANKLIN	State OH	Zip Code 45005-4950	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER BREWING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>B. BARBARA CHOATE</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 59 City GREENVILLE State TX Zip Code 75403 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5 <b>Transaction ID: SA11A1.50885</b> 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>C. BARBARA CLARK</b> Full Name (Last, First, Middle Initial) Mailing Address 10619 N MAIN ST City KANSAS CITY State MO Zip Code 64155 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5 <b>Transaction ID: SA11A1.50794</b> 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 908 ORCHARD GLOW CLOSE APT C

City FIARGFIELD State OH Zip Code 45014-6319

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

Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11A1.49954

Amount of Each Receipt this Period  
24.00

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

Mailing Address 651 ARAWE CIR W

City IRVING State TX Zip Code 75060-3427

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

Name of Employer VOUGHT AIRCRAFT COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

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

**Transaction ID:** SA11A1.55153

Amount of Each Receipt this Period  
60.00

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

Mailing Address 1839 OAKDALE ST

City SHREVEPORT State LA Zip Code 71108-3417

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11A1.52757

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WILLIE B COLEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 1839 OAKDALE ST		<b>Transaction ID: SA11A1.57585</b>	
City SHREVEPORT	State LA	Amount of Each Receipt this Period 25.00	
Zip Code 71108-3417			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. JAMES COLLARI</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 2449 WARFIELD AVE		<b>Transaction ID: SA11A1.50592</b>	
City JACKSONVILLE	State FL	Amount of Each Receipt this Period 5.00	
Zip Code 32218-5128			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00		

Full Name (Last, First, Middle Initial) <b>C. JAMES COLLARI</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address 2449 WARFIELD AVE		<b>Transaction ID: SA11A1.55603</b>	
City JACKSONVILLE	State FL	Amount of Each Receipt this Period 10.00	
Zip Code 32218-5128			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>365.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RAYMUNDO CONTRERAS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address 12812 HARVEST AVE.		<b>Transaction ID: SA11A1.58281</b>	
City State Zip Code NORWALK CA 90650		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 334.00	

Full Name (Last, First, Middle Initial) <b>B. RAYMUNDO CONTRERAS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2005	
Mailing Address 12812 HARVEST AVE.		<b>Transaction ID: SA11A1.50994</b>	
City State Zip Code NORWALK CA 90650		Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 342.50	

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	333.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 6946 CHRISTI LN

City State Zip Code  
NIAGARA FALLS NY 14304-3001

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

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

Transaction ID: SA11A1.52992

Amount of Each Receipt this Period  
5.00

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

Mailing Address 8566 HOLDEN RD

City State Zip Code  
BARODA MI 49101

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.61954

Amount of Each Receipt this Period  
300.00

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

Mailing Address 8566 HOLDEN RD

City State Zip Code  
BARODA MI 49101

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

Transaction ID: SA11A1.62051

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>B.</b> Full Name (Last, First, Middle Initial) LLOYD COX		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5	
Mailing Address 3805 HARROGATE DR.		<b>Transaction ID:</b> SA11A1.58293	
City State Zip Code NORMAN OK 73072	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Full Name (Last, First, Middle Initial) KEVIN P CRADIC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 599 N KNIGHTSTOWN RD		<b>Transaction ID:</b> SA11A1.55371	
City State Zip Code SHELBYVILLE IN 46176-9577	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	385.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

<b>C.</b> Full Name (Last, First, Middle Initial) GEORGE CUMMINGS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 801 DENTON DRIVE		<b>Transaction ID:</b> SA11A1.50349	
City EVLASS	State TX	Zip Code 76039	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. BLAINE R CUNNINGHAM</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 735 PRIORITY RD		<b>Transaction ID: SA11A1.51962</b>	
City YORK State PA Zip Code 17404	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer YORK INTERNATIONAL CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT CUNNINGHAM</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 801 WELLER AVENUE		<b>Transaction ID: SA11A1.61303</b>	
City HAMILTON State OH Zip Code 45015-1568	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50		

Full Name (Last, First, Middle Initial) <b>C. ROBERT P CUNNINGHAM</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5	
Mailing Address 148 HORTON RD		<b>Transaction ID: SA11A1.52687</b>	
City MASSENA State NY Zip Code 13662-3221	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address **148 HORTON RD**

City **MASSENA** State **NY** Zip Code **13662-3221**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID: SA11A1.56384**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **783 DENIER PLACE**

City **CINCINNATI** State **OH** Zip Code **45224-1309**

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

Name of Employer **GENERAL ELECTRIC CO** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

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

**Transaction ID: SA11A1.49750**

Amount of Each Receipt this Period  
**24.00**

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

Mailing Address **101 GILLESPIE DRIVE APT #1308**

City **FRANKLIN** State **TN** Zip Code **37067**

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

Name of Employer **FREIGHTLINER CORP** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

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

**Transaction ID: SA11A1.48797**

Amount of Each Receipt this Period  
**75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>149.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address **925 S WOODLAND DR**

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID: SA11A1.50556**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **4209 BOULEVARD PL**

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

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

**Transaction ID: SA11A1.58964**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **4127 WALKER AVE.,**

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

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

**Transaction ID: SA11A1.58403**

Amount of Each Receipt this Period  
**12.50**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address **4127 WALKER AVE.,**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

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

**Transaction ID: SA11A1.59576**

Amount of Each Receipt this Period  
**12.50**

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

Mailing Address **1718 IRVINGTON AVE.**

City **LANSING** State **MI** Zip Code **48910**

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

Name of Employer **FEDERAL FORGE** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 11 / 2005**

**Transaction ID: SA11A1.58955**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **18437 NORTHLAWN**

City **DETROIT** State **MI** Zip Code **48221**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 09 / 2005**

**Transaction ID: SA11A1.55586**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>322.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SHAWN B DEAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 5
Mailing Address 18437 NORTHLAWN		<b>Transaction ID: SA11A1.57884</b>
City	State	Zip Code
DETROIT	MI	48221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

Full Name (Last, First, Middle Initial) <b>B. SHAWN B DEAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 18437 NORTHLAWN		<b>Transaction ID: SA11A1.49150</b>
City	State	Zip Code
DETROIT	MI	48221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	

Full Name (Last, First, Middle Initial) <b>C. GORDON E DEANE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 8 S MAIN AVE		<b>Transaction ID: SA11A1.57135</b>
City	State	Zip Code
ALBANY	NY	12208-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> GORDON E DEANE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 8 S MAIN AVE		Transaction ID: SA11A1.49652
City ALBANY	State NY	Zip Code 12208-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B.</b> GORDON E DEANE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 8 S MAIN AVE		Transaction ID: SA11A1.61786
City ALBANY	State NY	Zip Code 12208-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) <b>C.</b> GORDON E DEANE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 8 S MAIN AVE		Transaction ID: SA11A1.60664
City ALBANY	State NY	Zip Code 12208-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 74 / 423</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) GLENDA J DEERING Mailing Address PO BOX 355 City State Zip Code <b>MARLETTE MI 48453-0355</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation UAW LOCAL 9699 LOCAL UNION OFFICER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="float: right;">280.00</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <b>Transaction ID: SA11A1.49133</b> Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	0	5		20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	6		2	0	0	5														
	20.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) GLENDA J DEERING Mailing Address PO BOX 355 City State Zip Code <b>MARLETTE MI 48453-0355</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation UAW LOCAL 9699 LOCAL UNION OFFICER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="float: right;">300.00</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <b>Transaction ID: SA11A1.51848</b> Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	5		20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	9		2	0	0	5														
	20.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) GLENDA J DEERING Mailing Address PO BOX 355 City State Zip Code <b>MARLETTE MI 48453-0355</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation UAW LOCAL 9699 LOCAL UNION OFFICER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="float: right;">320.00</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <b>Transaction ID: SA11A1.56743</b> Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	5		20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	5		2	0	0	5														
	20.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">60.00</td> </tr> </table>	60.00	
60.00			
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 75 / 423</span>
	(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) GLENDA J DEERING</p> <p>Mailing Address PO BOX 355</p> <p>City State Zip Code MARLETTE MI 48453-0355</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation UAW LOCAL 9699 LOCAL UNION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 02 / 2005</p> <p><b>Transaction ID:</b> SA11A1.53085</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) GLENDA J DEERING</p> <p>Mailing Address PO BOX 355</p> <p>City State Zip Code MARLETTE MI 48453-0355</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation UAW LOCAL 9699 LOCAL UNION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 27 / 2005</p> <p><b>Transaction ID:</b> SA11A1.51849</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) GLENDA J DEERING</p> <p>Mailing Address PO BOX 355</p> <p>City State Zip Code MARLETTE MI 48453-0355</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation UAW LOCAL 9699 LOCAL UNION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 22 / 2005</p> <p><b>Transaction ID:</b> SA11A1.59052</p> <p>Amount of Each Receipt this Period 60.00</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>100.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	560.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 423
	<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)  
RICHARD DICKSON

Mailing Address 1986 N MICHIGAN ST

City Toledo State OH Zip Code 43611-3718

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.50675

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1986 N MICHIGAN ST

City Toledo State OH Zip Code 43611-3718

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.51947

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1986 N MICHIGAN ST

City Toledo State OH Zip Code 43611-3718

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.53208

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 423
	<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)  
**RICHARD DICKSON**

Mailing Address **1986 N MICHIGAN ST**

City **TOLEDO** State **OH** Zip Code **43611-3718**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 16 / 2005**

**Transaction ID: SA11A1.53209**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**PAUL DIETZ**

Mailing Address **235 DENTON DRIVE**

City **DALLASTOWN** State **PA** Zip Code **17313-1417**

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

Name of Employer **YORK INTERNATIONAL CORPORATION** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 21 / 2005**

**Transaction ID: SA11A1.50567**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address **3859 WOODRIDGE BLVD #A10**

City **FAIRFIELD** State **OH** Zip Code **45014-7638**

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

Name of Employer **GENERAL ELECTRIC CO** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

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

**Transaction ID: SA11A1.51481**

Amount of Each Receipt this Period  
**24.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	425.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 719 FORT JENNINGS RD

City State Zip Code  
DELPHOS OH 45833-1365

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

Name of Employer Occupation  
GENERAL DYNAMICS CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.51622

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1001 HOOK WALTZ RD W

City State Zip Code  
LIMA OH 45807-9580

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.54567

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1001 HOOK WALTZ RD W

City State Zip Code  
LIMA OH 45807-9580

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.49402

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
**LARRY DONALDSON**

Mailing Address **1001 HOOK WALTZ RD W**

City **LIMA** State **OH** Zip Code **45807-9580**

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

Name of Employer **GENERAL DYNAMICS CORP** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 24 / 2005**

**Transaction ID: SA11A1.59454**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **1001 HOOK WALTZ RD W**

City **LIMA** State **OH** Zip Code **45807-9580**

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

Name of Employer **GENERAL DYNAMICS CORP** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 25 / 2005**

**Transaction ID: SA11A1.58292**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **1001 HOOK WALTZ RD W**

City **LIMA** State **OH** Zip Code **45807-9580**

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

Name of Employer **GENERAL DYNAMICS CORP** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

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

**Transaction ID: SA11A1.49655**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	129.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>277.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT EDDINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address <b>3251 KNOXVILLE AVENUE</b>		<b>Transaction ID: SA11A1.61295</b>
City <b>LONG BEACH</b>	State <b>CA</b>	Zip Code <b>90808</b>
Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation <b>RETIRED</b>	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. OLIVER EDMONDSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address <b>3217 KIESTWOOD DR</b>		<b>Transaction ID: SA11A1.59451</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75233-2821</b>
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation <b>FACTORY WORKER</b>	
Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. LARRY W EDMONSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address <b>5277 FM ROAD 55</b>		<b>Transaction ID: SA11A1.50535</b>
City <b>BLOOMING GROVE</b>	State <b>TX</b>	Zip Code <b>76626-9778</b>
Amount of Each Receipt this Period 187.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation <b>FACTORY WORKER</b>	
Aggregate Year-to-Date ▼ 518.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	512.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	660.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1108 PALMERA DR

City State Zip Code  
LA FERIA TX 78559-6236

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.54453

Amount of Each Receipt this Period  
25.00

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

Mailing Address 316 E ROSEWOOD

City State Zip Code  
DEFIANCE OH 43512

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

Name of Employer Occupation  
METAL MANAGEMENT, INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

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

Transaction ID: SA11A1.49142

Amount of Each Receipt this Period  
23.08

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

Mailing Address 5488 HIDDEN VALLEY TRL

City State Zip Code  
LINDEN MI 48451-8832

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

Name of Employer Occupation  
HEALTHPLUS OF MICHIGAN, INC TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.71

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

Transaction ID: SA11A1.59565

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	73.08
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	320.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	340.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
E Feeler

Mailing Address 7516 MEADOWLARK LN N

City State Zip Code  
WATAUGA TX 76148-1738

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

Name of Employer Occupation  
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11A1.53336

Amount of Each Receipt this Period  
54.00

**B.** Full Name (Last, First, Middle Initial)  
CLAYTON FILLMORE

Mailing Address 315 GLEN GARY DR

City State Zip Code  
MOUNT MORRIS MI 48458-8912

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 ▼ 230.00

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

**Transaction ID:** SA11A1.61452

Amount of Each Receipt this Period  
80.00

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

Mailing Address 1735 EAST MARY

City State Zip Code  
VISALIA CA 93292-1439

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

Name of Employer Occupation  
EXIDE CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11A1.52558

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>434.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 100 / 423  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5 WINTERFIELD COURT

City Toledo State OH Zip Code 43607

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.59824

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 5 WINTERFIELD COURT

City Toledo State OH Zip Code 43607

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.56354

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 5 WINTERFIELD COURT

City Toledo State OH Zip Code 43607

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.55159

Amount of Each Receipt this Period  
 25.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5 WINTERFIELD COURT

City TOLEDO State OH Zip Code 43607

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.57504

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
ANNA FOSTER

Mailing Address 67733 LAKE TRL

City LAKEVILLE State IN Zip Code 45536-9409

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

Name of Employer L T V CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.47028

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES W FOSTER

Mailing Address 7300 MURKINS RD

City KANSAS CITY State MO Zip Code 64133-7002

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 ▼ 490.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.58678

Amount of Each Receipt this Period  
70.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**JAMES W FOSTER**

Mailing Address **7300 MURKINS RD**

City **KANSAS CITY** State **MO** Zip Code **64133-7002**

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 ▼ **630.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 28 / 2005**

**Transaction ID: SA11A1.59857**

Amount of Each Receipt this Period  
**140.00**

**B.** Full Name (Last, First, Middle Initial)  
**JAMES W FOSTER**

Mailing Address **7300 MURKINS RD**

City **KANSAS CITY** State **MO** Zip Code **64133-7002**

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 ▼ **700.00**

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

**Transaction ID: SA11A1.52683**

Amount of Each Receipt this Period  
**70.00**

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

Mailing Address **67733 LAKE TRAIL**

City **LAKEVILLE** State **IN** Zip Code **46536**

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

Name of Employer **CENTRAL MFG** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID: SA11A1.61676**

Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>510.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	23.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	17.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	64.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 423
	<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)  
MARK FRYE

Mailing Address 1013 MT. ULLA HIGHWAY

City MOORESVILLE State NC Zip Code 28115

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

Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.49535

Amount of Each Receipt this Period  
300.00

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

Mailing Address 13410 FIELD CREEK LN

City RENO State NV Zip Code 89511-6620

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 ▼ 312.00

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

Transaction ID: SA11A1.52141

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOP A GALLAGHER

Mailing Address 15906 RYLAND

City REDFORD State MI Zip Code 48239-3951

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.51571

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	640.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JEFF GALLEGOS</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2005
Mailing Address 1228 SCHULTZ ST		<b>Transaction ID: SA11A1.56406</b>
City <b>DEFIANCE</b>	State <b>OH</b>	Zip Code <b>43512-2916</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES R GASTON</b>		Date of Receipt MM / DD / YYYY 12 / 22 / 2005
Mailing Address 43375 CAMBRIDGE DR		<b>Transaction ID: SA11A1.58382</b>
City <b>STERLING HTS</b>	State <b>MI</b>	Zip Code <b>48313-1814</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer <b>LEAR CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. SANDRA L GATSON</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 1522 LAKECREST ST		<b>Transaction ID: SA11A1.56234</b>
City <b>GRAND PRAIRIE</b>	State <b>TX</b>	Zip Code <b>75051-3447</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SANDRA L GATSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 1522 LAKECREST ST		<b>Transaction ID: SA11A1.56235</b>
City State Zip Code GRAND PRAIRIE TX 75051-3447	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. SANDRA L GATSON</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 1522 LAKECREST ST		<b>Transaction ID: SA11A1.49952</b>
City State Zip Code GRAND PRAIRIE TX 75051-3447	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS H GENDERNALIK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 6424 WINANS LAKE RD		<b>Transaction ID: SA11A1.55119</b>
City State Zip Code BRIGHTON MI 48116-9121	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. THOMAS H GENDERNALIK</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005	
Mailing Address 6424 WINANS LAKE RD		<b>Transaction ID: SA11A1.58618</b>	
City State Zip Code BRIGHTON MI 48116-9121	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. THOMAS H GENDERNALIK</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 6424 WINANS LAKE RD		<b>Transaction ID: SA11A1.57479</b>	
City State Zip Code BRIGHTON MI 48116-9121	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00		

Full Name (Last, First, Middle Initial) <b>C. THOMAS H GENDERNALIK</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 6424 WINANS LAKE RD		<b>Transaction ID: SA11A1.53882</b>	
City State Zip Code BRIGHTON MI 48116-9121	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	25.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. THERESA GERKE</b>		Date of Receipt MM / DD / YYYY 12 / 02 / 2005
Mailing Address 4022 WESTWAY ST.,		<b>Transaction ID: SA11A1.47789</b>
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.50
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) <b>B. THERESA GERKE</b>		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 4022 WESTWAY ST.,		<b>Transaction ID: SA11A1.47655</b>
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.50
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. R Giesecke</b>		Date of Receipt MM / DD / YYYY 10 / 18 / 2005
Mailing Address 7809 LITTLE BRANCH RD		<b>Transaction ID: SA11A1.56444</b>
City WAXAHACHIE	State TX	Zip Code 75167-9388
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JIMMY GIVENS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address <b>8956 HAPPY VALLEY RD</b>		<b>Transaction ID: SA11A1.52635</b>
City <b>CAVE CITY</b>	State <b>KY</b>	Zip Code <b>42127-9414</b>
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.00	

Full Name (Last, First, Middle Initial) <b>B. JIMMY GIVENS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address <b>8956 HAPPY VALLEY RD</b>		<b>Transaction ID: SA11A1.56336</b>
City <b>CAVE CITY</b>	State <b>KY</b>	Zip Code <b>42127-9414</b>
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00	

Full Name (Last, First, Middle Initial) <b>C. JIMMY GIVENS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address <b>8956 HAPPY VALLEY RD</b>		<b>Transaction ID: SA11A1.53901</b>
City <b>CAVE CITY</b>	State <b>KY</b>	Zip Code <b>42127-9414</b>
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 113 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JIMMY GIVENS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 8956 HAPPY VALLEY RD		<b>Transaction ID: SA11A1.56337</b>
City CAVE CITY	State KY	Zip Code 42127-9414
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	

Full Name (Last, First, Middle Initial) <b>B. J Gomez Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 2534 W CLARENDON DR		<b>Transaction ID: SA11A1.51836</b>
City DALLAS	State TX	Zip Code 75211-5348
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT S GORDON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 5208 LITTLE MOUNTAIN RD.		<b>Transaction ID: SA11A1.61579</b>
City GASTONIA	State NC	Zip Code 28056-6916
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT S GORDON**

Mailing Address **5208 LITTLE MOUNTAIN RD.**

City **GASTONIA** State **NC** Zip Code **28056-6916**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

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

**Transaction ID: SA11A1.52069**

Amount of Each Receipt this Period  
**40.00**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT S GORDON**

Mailing Address **5208 LITTLE MOUNTAIN RD.**

City **GASTONIA** State **NC** Zip Code **28056-6916**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

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

**Transaction ID: SA11A1.50788**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address **2512 REGAL RD**

City **LA GRANGE** State **KY** Zip Code **40031-9499**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**0 7 / 2 9 / 2 0 0 5**

**Transaction ID: SA11A1.57072**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **130.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JOSEPH D GORSICK</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2005	
Mailing Address 2512 REGAL RD		<b>Transaction ID: SA11A1.55911</b>	
City State Zip Code LA GRANGE KY 40031-9499	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH D GORSICK</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 2512 REGAL RD		<b>Transaction ID: SA11A1.54690</b>	
City State Zip Code LA GRANGE KY 40031-9499	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH D GORSICK</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 2512 REGAL RD		<b>Transaction ID: SA11A1.54691</b>	
City State Zip Code LA GRANGE KY 40031-9499	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DAVID K GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address PO BOX 308		<b>Transaction ID: SA11A1.50984</b>	
City PLEASANT HILL	State MO	Amount of Each Receipt this Period 50.00	
Zip Code 64080-0308			
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID K GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address PO BOX 308		<b>Transaction ID: SA11A1.57120</b>	
City PLEASANT HILL	State MO	Amount of Each Receipt this Period 100.00	
Zip Code 64080-0308			
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID K GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address PO BOX 308		<b>Transaction ID: SA11A1.57121</b>	
City PLEASANT HILL	State MO	Amount of Each Receipt this Period 50.00	
Zip Code 64080-0308			
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL GREGG</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 1751 AVALON RD		<b>Transaction ID: SA11A1.52882</b>	
City State Zip Code CLEVELAND OH 44112	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ALCOA INC.	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GREGG</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 1751 AVALON RD		<b>Transaction ID: SA11A1.51623</b>	
City State Zip Code CLEVELAND OH 44112	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ALCOA INC.	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID GREGORY</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5	
Mailing Address 4895 E CO RD 600N		<b>Transaction ID: SA11A1.58877</b>	
City State Zip Code NEW CASTLE IN 47362	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT E GRIFFIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 50 MONROE ST		<b>Transaction ID: SA11A1.59943</b>	
City INDIANAPOLIS	State IN	Zip Code 46229-2748	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. ROGER GRIFFIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 220 LONG COVE LANE		<b>Transaction ID: SA11A1.48769</b>	
City BALTIMORE	State MD	Zip Code 21221-1742	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS R GRIMA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 9044 SATELITE DR		<b>Transaction ID: SA11A1.61896</b>	
City WHITE LAKE	State MI	Zip Code 48386-3360	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LEAR CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SHELLEY A GRISSOM</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 9051 RIVERSIDE DR		<b>Transaction ID: SA11A1.61021</b>
City State Zip Code GRAND LEDGE MI 48837-9243	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. SHELLEY A GRISSOM</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 9051 RIVERSIDE DR		<b>Transaction ID: SA11A1.51377</b>
City State Zip Code GRAND LEDGE MI 48837-9243	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. J S GRUCHOLSKI</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2005
Mailing Address 13098 COUNTY ROAD 4077		<b>Transaction ID: SA11A1.49986</b>
City State Zip Code SCURRY TX 75158-4130	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL D GULLETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2005	
Mailing Address 1726 KENTUCKY AVE		<b>Transaction ID: SA11A1.61542</b>	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.50		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL D GULLETT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 1726 KENTUCKY AVE		<b>Transaction ID: SA11A1.52012</b>	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.50		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL D GULLETT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 1726 KENTUCKY AVE		<b>Transaction ID: SA11A1.55727</b>	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	302.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL D GULLETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1726 KENTUCKY AVE		<b>Transaction ID: SA11A1.49343</b>	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 0.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL D GULLETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 1726 KENTUCKY AVE		<b>Transaction ID: SA11A1.56907</b>	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00		

Full Name (Last, First, Middle Initial) <b>C. DONALD M GUSEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 7 ADRIAN CT		<b>Transaction ID: SA11A1.55792</b>	
City State Zip Code NEWARK DE 19713	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
 DONALD M GUSEMAN

Mailing Address **7 ADRIAN CT**

City **NEWARK** State **DE** Zip Code **19713**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2005**

**Transaction ID: SA11A1.55793**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
 PAUL GUTHRIE

Mailing Address **1483 N COUNTY ROAD 1150 W**

City **KOKOMO** State **IN** Zip Code **46901-8673**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2005**

**Transaction ID: SA11A1.48561**

Amount of Each Receipt this Period  
**37.50**

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

Mailing Address **1483 N COUNTY ROAD 1150 W**

City **KOKOMO** State **IN** Zip Code **46901-8673**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 16 / 2005**

**Transaction ID: SA11A1.59741**

Amount of Each Receipt this Period  
**37.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. EARL L GWINN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 6945 LOIS DR		<b>Transaction ID: SA11A1.58643</b>	
City CINCINNATI	State OH	Zip Code 45239-4314	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. JEFF HALL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 28321 MAIN STREET #2		<b>Transaction ID: SA11A1.60561</b>	
City MILLBURY	State OH	Zip Code 43447-9602	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. TERRY J HARPER</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5	
Mailing Address 4800 SUGAR TREE CT		<b>Transaction ID: SA11A1.48648</b>	
City ARLINGTON	State TX	Zip Code 76017-2350	Amount of Each Receipt this Period 132.00
FEC ID number of contributing federal political committee. C			
Name of Employer LOCKHEED MARTIN CORPORATI- ON	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	181.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 423
	<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)  
TERRY J HARPER

Mailing Address 4800 SUGAR TREE CT

City ARLINGTON State TX Zip Code 76017-2350

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
09 / 09 / 2005

Transaction ID: SA11A1.50094

Amount of Each Receipt this Period  
24.00

**B.** Full Name (Last, First, Middle Initial)  
CECIL G HARRIS

Mailing Address 11889 WINSTON CIR

City CINCINNATI State OH Zip Code 45240-1539

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

Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
12 / 02 / 2005

Transaction ID: SA11A1.49511

Amount of Each Receipt this Period  
24.00

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

Mailing Address 13211 MORRISON

City LITTLE ROCK State AR Zip Code 72212

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

Name of Employer BOEING Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 13 / 2005

Transaction ID: SA11A1.61128

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	348.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
 J Harris

Mailing Address **NO ADDRESS**

City **FORT WORTH** State **TX** Zip Code **76112**

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

Name of Employer **VOUGHT AIRCRAFT COMPANY** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

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

**Transaction ID: SA11A1.58287**

Amount of Each Receipt this Period  
**54.00**

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

Mailing Address **7 WOOD CT**

City **ST PETERS** State **MO** Zip Code **63376-3058**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 22 / 2005**

**Transaction ID: SA11A1.57137**

Amount of Each Receipt this Period  
**55.00**

**C.** Full Name (Last, First, Middle Initial)  
 W HAZEL JR

Mailing Address **25330 CARLETON W.RD**

City **NEW BOSTON** State **MI** Zip Code **48164**

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

Name of Employer Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

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

**Transaction ID: SA11A1.62112**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>609.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 423		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. JR E HEIDBRINK</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 24661 EDGEWOOD RT 3		<b>Transaction ID: SA11A1.56060</b>	
City State Zip Code <b>STURGIS MI 49091</b>	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AMERICAN AXLE</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. DARRELL HEIDEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 5	
Mailing Address 1805 WALDO BLVD.		<b>Transaction ID: SA11A1.57891</b>	
City State Zip Code <b>MANITOWOC WI 54220-2650</b>	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>KOHLER CO</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. DARRELL HEIDEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 5	
Mailing Address 1805 WALDO BLVD.		<b>Transaction ID: SA11A1.60268</b>	
City State Zip Code <b>MANITOWOC WI 54220-2650</b>	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>KOHLER CO</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1805 WALDO BLVD.		<b>Transaction ID:</b> SA11A1.57892
City MANITOWOC	State WI	Zip Code 54220-2650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer KOHLER CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 1805 WALDO BLVD.		<b>Transaction ID:</b> SA11A1.49154
City MANITOWOC	State WI	Zip Code 54220-2650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer KOHLER CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 1805 WALDO BLVD.		<b>Transaction ID:</b> SA11A1.60269
City MANITOWOC	State WI	Zip Code 54220-2650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer KOHLER CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR C HELF**

Mailing Address **1966 CHRISTY RD**

City **DEFIANCE** State **OH** Zip Code **43512-9797**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

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

**Transaction ID: SA11A1.56222**

Amount of Each Receipt this Period  
**40.00**

**B.** Full Name (Last, First, Middle Initial)  
**CONRAD J HELTON**

Mailing Address **5767 DELLBROOK DR.**

City **SYLVANIA** State **OH** Zip Code **43560**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.95**

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

**Transaction ID: SA11A1.47151**

Amount of Each Receipt this Period  
**5.77**

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

Mailing Address **1106 HOLLYWOOD ROAD**

City **SANDUSKY** State **OH** Zip Code **44870-4273**

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

Name of Employer **BELLEVUE MFG CO** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 06 / 2005**

**Transaction ID: SA11A1.50241**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.77</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JANET C HENRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2005
Mailing Address 3212 134TH STREET		<b>Transaction ID:</b> SA11A1.61480
City TOLEDO	State OH	Zip Code 43611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.50
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) <b>B. JANET C HENRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2005
Mailing Address 3212 134TH STREET		<b>Transaction ID:</b> SA11A1.55671
City TOLEDO	State OH	Zip Code 43611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

Full Name (Last, First, Middle Initial) <b>C. JANET C HENRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2005
Mailing Address 3212 134TH STREET		<b>Transaction ID:</b> SA11A1.59157
City TOLEDO	State OH	Zip Code 43611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	62.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JANET C HENRY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 3212 134TH STREET		<b>Transaction ID: SA11A1.55672</b>
City TOLEDO State OH Zip Code 43611	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN	Aggregate Year-to-Date ▼ 287.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JANET C HENRY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 3212 134TH STREET		<b>Transaction ID: SA11A1.51950</b>
City TOLEDO State OH Zip Code 43611	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN	Aggregate Year-to-Date ▼ 312.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AMBROSE HENSLEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1926 WOODVILLE PIKE		<b>Transaction ID: SA11A1.51483</b>
City GOSHEN State OH Zip Code 45122-9469	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 131 / 423</span>
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. HERB H HIBBS II</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2005	
Mailing Address <b>3813 RIVEROAKS LN</b>		<b>Transaction ID: SA11A1.58577</b>	
City <b>LOUISVILLE</b>	State <b>KY</b>	Zip Code <b>40241-2028</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00		

Full Name (Last, First, Middle Initial) <b>B. HERB H HIBBS II</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2005	
Mailing Address <b>3813 RIVEROAKS LN</b>		<b>Transaction ID: SA11A1.52581</b>	
City <b>LOUISVILLE</b>	State <b>KY</b>	Zip Code <b>40241-2028</b>	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00		

Full Name (Last, First, Middle Initial) <b>C. HERB H HIBBS II</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address <b>3813 RIVEROAKS LN</b>		<b>Transaction ID: SA11A1.55069</b>	
City <b>LOUISVILLE</b>	State <b>KY</b>	Zip Code <b>40241-2028</b>	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	302.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
 HERB H HIBBS II

Mailing Address 3813 RIVEROAKS LN

City LOUISVILLE State KY Zip Code 40241-2028

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

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

**Transaction ID: SA11A1.51316**

Amount of Each Receipt this Period  
 1.00

**B.** Full Name (Last, First, Middle Initial)  
 RONALD W HICKEY

Mailing Address 5360 LOGAN AVENUE

City DAYTON State OH Zip Code 45431-2759

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

Name of Employer GOODRICH B F CO Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID: SA11A1.47813**

Amount of Each Receipt this Period  
 24.00

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

Mailing Address PO BOX 78

City HOWE State TX Zip Code 75459-0078

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

Name of Employer VOUGHT AIRCRAFT COMPANY Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

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

**Transaction ID: SA11A1.55975**

Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 423		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b> Full Name (Last, First, Middle Initial) KEN HISE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5	
Mailing Address 911 CLARK STREET		<b>Transaction ID:</b> SA11A1.52779	
City GREENVILLE	State TX	Zip Code 75401	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Full Name (Last, First, Middle Initial) RUTH HISE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address PO BOX 59		<b>Transaction ID:</b> SA11A1.58880	
City GREENVILLE	State TX	Zip Code 75403	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Full Name (Last, First, Middle Initial) RUTH HISE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address PO BOX 59		<b>Transaction ID:</b> SA11A1.53210	
City GREENVILLE	State TX	Zip Code 75403	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
CHRIS HODAPP

Mailing Address 1411 WILLIAMS PRKWY

City State Zip Code  
EATON OH 45320-1243

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

Name of Employer Occupation  
FULLER (H.B.) COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

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

Transaction ID: SA11A1.48027

Amount of Each Receipt this Period  
24.00

**B.** Full Name (Last, First, Middle Initial)  
PHILLIP E HOLMES

Mailing Address 1210 JOHNSON DR

City State Zip Code  
FOSTORIA OH 44830-4703

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

Name of Employer Occupation  
CUMMINS ENGINE CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

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

Transaction ID: SA11A1.58768

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
PHILLIP E HOLMES

Mailing Address 1210 JOHNSON DR

City State Zip Code  
FOSTORIA OH 44830-4703

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

Name of Employer Occupation  
CUMMINS ENGINE CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: SA11A1.59938

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	329.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARY HOLOMEK</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address PO BOX 76		<b>Transaction ID: SA11A1.54226</b>
City <b>BEDFORD</b>	State TX	Zip Code 76095
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Occupation <b>RETIRED</b>	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN HOLUB</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 14911 HARMAN ROAD		<b>Transaction ID: SA11A1.53218</b>
City <b>FRANKLIN</b>	State OH	Zip Code 45005-5011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Occupation <b>PHILIP MORRIS</b> <b>FACTORY WORKER</b>	Aggregate Year-to-Date ▼ 212.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAN HORD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 604 E LIMA ST		<b>Transaction ID: SA11A1.48093</b>
City <b>FOREST</b>	State OH	Zip Code 45843-1126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Occupation <b>OCCIDENTAL PETROLEUM CORP</b> <b>FACTORY WORKER</b>	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 136 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARTIN HOWELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2005	
Mailing Address 5000 WOOD HILL COURT		<b>Transaction ID: SA11A1.51507</b>	
City State Zip Code CRESTWOOD KY 40014-9291	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH E HRIBAR</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 12 / 2005	
Mailing Address 1833 REVERE PL		<b>Transaction ID: SA11A1.50791</b>	
City State Zip Code LORAIN OH 44053-3229	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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		

Full Name (Last, First, Middle Initial) <b>C. JOHN J HUBER</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 540 PECK RD		<b>Transaction ID: SA11A1.52908</b>	
City State Zip Code SPENCERPORT NY 14559-9549	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	635.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH J HUMBLES

Mailing Address 5048 COBURN AVE

City State Zip Code  
INDIANAPOLIS IN 46228-3048

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.59273

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
JIMMY HYDE

Mailing Address 29 GOLDEN EAGLE DRIVE

City State Zip Code  
ADAIRSVILLEE GA 30103

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.53191

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
P Imber Jr

Mailing Address 21425 KAMMEYER RD

City State Zip Code  
DEFIANCE OH 43512-9630

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

Name of Employer Occupation  
GENERAL DYNAMICS CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.53082

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) P Imber Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 21425 KAMMEYER RD		Transaction ID: SA11A1.56739	
City DEFIANCE	State OH	Zip Code 43512-9630	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) P Imber Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 21425 KAMMEYER RD		Transaction ID: SA11A1.56738	
City DEFIANCE	State OH	Zip Code 43512-9630	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) FRANK INMAN		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5	
Mailing Address 7095 PECAN HILL DRIVE		Transaction ID: SA11A1.58775	
City SOUTHHAVEN	State MS	Zip Code 38671	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RANDY IULIANO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2005	
Mailing Address 5646 THUNDER BAY ST		<b>Transaction ID: SA11A1.50336</b>	
City State Zip Code PORTAGE MI 49024-1139		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MANUFACTURING		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>B. RANDY IULIANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 5646 THUNDER BAY ST		<b>Transaction ID: SA11A1.56552</b>	
City State Zip Code PORTAGE MI 49024-1139		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MANUFACTURING		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>C. RANDY IULIANO</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 5646 THUNDER BAY ST		<b>Transaction ID: SA11A1.52872</b>	
City State Zip Code PORTAGE MI 49024-1139		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MANUFACTURING		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**J Jarzabski**

Mailing Address **909 DEL MAR LN**

City **ARLINGTON** State **TX** Zip Code **76012-3015**

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

Name of Employer **VOUGHT AIRCRAFT COMPANY** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

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

**Transaction ID: SA11A1.51106**

Amount of Each Receipt this Period  
**60.00**

**B.** Full Name (Last, First, Middle Initial)  
**SELWYN JEFFERSON**

Mailing Address **6500 S. ROSEMEAD BLVD**

City **PICO RIVERA** State **CA** Zip Code **90660**

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

Name of Employer Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2005**

**Transaction ID: SA11A1.52778**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **424 COUNTY ROAD 1110A**

City **CLEBURNE** State **TX** Zip Code **76031-8658**

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

Name of Employer **VOUGHT AIRCRAFT COMPANY** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.50**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2005**

**Transaction ID: SA11A1.55771**

Amount of Each Receipt this Period  
**31.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>391.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) P Jimenez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 424 COUNTY ROAD 1110A		<b>Transaction ID:</b> SA11A1.61575	
City State Zip Code CLEBURNE TX 76031-8658	Amount of Each Receipt this Period 77.50		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00		

<b>B.</b> Full Name (Last, First, Middle Initial) DONALD JIVIDEN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 2300 YAX		<b>Transaction ID:</b> SA11A1.55366	
City State Zip Code MONROE MI 48162	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) M Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1020 SCOTLAND DR APT 2108		<b>Transaction ID:</b> SA11A1.59548	
City State Zip Code DESOTO TX 75115-2027	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	237.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
R Johnson

Mailing Address PO BOX 181787

City State Zip Code  
ARLINGTON TX 76096-1787

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

Name of Employer Occupation  
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

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

Transaction ID: SA11A1.53080

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
T Johnson

Mailing Address 2019 SOUTHRIDGE DR

City State Zip Code  
ARLINGTON TX 76010-8527

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

Name of Employer Occupation  
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

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

Transaction ID: SA11A1.56245

Amount of Each Receipt this Period  
60.00

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

Mailing Address 1268 BELVOIR LANE

City State Zip Code  
VIRGINIA BEACH VA 23464

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.53564

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	420.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. KANDY J JONES</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 1111 NE 1ST STREET TER		<b>Transaction ID: SA11A1.56889</b>	
City State Zip Code BLUE SPRINGS MO 64014-2305	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B. KANDY J JONES</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 1111 NE 1ST STREET TER		<b>Transaction ID: SA11A1.54515</b>	
City State Zip Code BLUE SPRINGS MO 64014-2305	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>C. KANDY J JONES</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 1111 NE 1ST STREET TER		<b>Transaction ID: SA11A1.58021</b>	
City State Zip Code BLUE SPRINGS MO 64014-2305	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. BENITA JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005
Mailing Address 6201 DARDAN E76		<b>Transaction ID: SA11A1.50676</b>
City MAUMEE	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer JOHNSON CONTROLS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. GARY B JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2005
Mailing Address 4024 TOLLGATE RD		<b>Transaction ID: SA11A1.48895</b>
City BATAVIA	State OH	Zip Code 45103-3334
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.00
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. KEN JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2005
Mailing Address BOX 6197		<b>Transaction ID: SA11A1.58385</b>
City FORT WORTH	State TX	Zip Code 76115-0197
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer REYNOLDS METAL	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	624.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TODD JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005
Mailing Address 208 E MULBERRY ST		<b>Transaction ID: SA11A1.60843</b>
City KOKOMO	State IN	Zip Code 46901-4767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B. TODD JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005
Mailing Address 208 E MULBERRY ST		<b>Transaction ID: SA11A1.58459</b>
City KOKOMO	State IN	Zip Code 46901-4767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. TODD JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005
Mailing Address 208 E MULBERRY ST		<b>Transaction ID: SA11A1.60844</b>
City KOKOMO	State IN	Zip Code 46901-4767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TODD JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address <b>208 E MULBERRY ST</b>		<b>Transaction ID: SA11A1.54956</b>	
City <b>KOKOMO</b>	State <b>IN</b>	Zip Code <b>46901-4767</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY A JUDSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address <b>7903 SOUTHLINGTON DRIVE</b>		<b>Transaction ID: SA11A1.48760</b>	
City <b>CLEVELAND</b>	State <b>OH</b>	Zip Code <b>44129-4931</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ALCOA INC.</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. DENNIS E KEYS</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address <b>P O BOX 1476</b>		<b>Transaction ID: SA11A1.54106</b>	
City <b>DAHLONEGA</b>	State <b>GA</b>	Zip Code <b>30533-0025</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DENNIS E KEYS

Mailing Address P O BOX 1476

City State Zip Code  
DAHLONEGA GA 30533-0025

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.54107

Amount of Each Receipt this Period  
25.00

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

Mailing Address 6704 TOWERWOOD DR

City State Zip Code  
ARLINGTON TX 76001-7806

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

Name of Employer Occupation  
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

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

Transaction ID: SA11A1.55152

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
PETER M KNIGHT

Mailing Address 717 HILL ST

City State Zip Code  
WASHINGTON MO 63090

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

Name of Employer Occupation  
MAGNA INTERNATIONAL FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11A1.57263

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 148 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. D Kocienski</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 90 PULLMAN AVE		<b>Transaction ID: SA11A1.56949</b>	
City <b>BUFFALO</b>	State NY	Zip Code 14217-1514	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. DANIEL A KOLB</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 1494 WESTGATE DR		<b>Transaction ID: SA11A1.50243</b>	
City <b>DEFIANCE</b>	State OH	Zip Code 43512-3251	Amount of Each Receipt this Period 23.04
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60		

Full Name (Last, First, Middle Initial) <b>C. DANIEL A KOLB</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1494 WESTGATE DR		<b>Transaction ID: SA11A1.59949</b>	
City <b>DEFIANCE</b>	State OH	Zip Code 43512-3251	Amount of Each Receipt this Period 23.04
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	106.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DAVID R KOLB</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 630 HARRISON ST		<b>Transaction ID: SA11A1.55268</b>
City State Zip Code DEFIANCE OH 43512-2022	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.90	

Full Name (Last, First, Middle Initial) <b>B. DAVID R KOLB</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 630 HARRISON ST		<b>Transaction ID: SA11A1.51520</b>
City State Zip Code DEFIANCE OH 43512-2022	Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.98	

Full Name (Last, First, Middle Initial) <b>C. D Kowalski</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 575 CORNWALL AVE		<b>Transaction ID: SA11A1.54768</b>
City State Zip Code TONAWANDA NY 14150-7149	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	91.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 150 / 423						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. TAMI KOWALSKI</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1960 BARROWS STREET		<b>Transaction ID: SA11A1.55157</b>	
City State Zip Code TOLEDO OH 43613-4502		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. TAMI KOWALSKI</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1960 BARROWS STREET		<b>Transaction ID: SA11A1.50115</b>	
City State Zip Code TOLEDO OH 43613-4502		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. S Krajca</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 462 WILLOW SPRINGS DR		<b>Transaction ID: SA11A1.60130</b>	
City State Zip Code COPPELL TX 75019-3359		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VOUGHT AIRCRAFT COMPANY		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
STEVEN W KRUG

Mailing Address 10329 W 750 S

City State Zip Code  
KNIGHTSTOWN IN 46148

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2005

Transaction ID: SA11A1.55789

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
JASON K KRZYSIK

Mailing Address 55 WELLESLEY DR

City State Zip Code  
PLEASANT RIDGE MI 48069-1242

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2005

Transaction ID: SA11A1.51032

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
JASON K KRZYSIK

Mailing Address 55 WELLESLEY DR

City State Zip Code  
PLEASANT RIDGE MI 48069-1242

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2005

Transaction ID: SA11A1.57174

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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

Mailing Address 55 WELLESLEY DR

City Pleasant RIDGE State MI Zip Code 48069-1242

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
09 / 28 / 2005

Transaction ID: SA11A1.53598

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
JASON K KRZYSIAK

Mailing Address 55 WELLESLEY DR

City Pleasant RIDGE State MI Zip Code 48069-1242

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
11 / 07 / 2005

Transaction ID: SA11A1.61817

Amount of Each Receipt this Period  
40.00

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

Mailing Address 4242 E MILWAUKEE ST

City JANESVILLE State WI Zip Code 53546-1796

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 ▼ 215.00

Date of Receipt  
10 / 14 / 2005

Transaction ID: SA11A1.58740

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA KUTER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 4242 E MILWAUKEE ST		<b>Transaction ID: SA11A1.58741</b>	
City State Zip Code JANESVILLE WI 53546-1796	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. HANK LACAYO</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 3403 BEAR CREEK DR		<b>Transaction ID: SA11A1.56956</b>	
City State Zip Code NEWBURY PARK CA 91320	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. JAMES LAKEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5	
Mailing Address 200 FOREST HILL DR		<b>Transaction ID: SA11A1.49520</b>	
City State Zip Code BUFFALO NY 14221-3272	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JAMES LAKEMAN</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2005
Mailing Address 200 FOREST HILL DR		<b>Transaction ID: SA11A1.57244</b>
City BUFFALO	State NY	Zip Code 14221-3272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES LAKEMAN</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2005
Mailing Address 200 FOREST HILL DR		<b>Transaction ID: SA11A1.53654</b>
City BUFFALO	State NY	Zip Code 14221-3272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES LAKEMAN</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2005
Mailing Address 200 FOREST HILL DR		<b>Transaction ID: SA11A1.61671</b>
City BUFFALO	State NY	Zip Code 14221-3272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JAMES LAKEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 200 FOREST HILL DR		<b>Transaction ID: SA11A1.52149</b>
City State Zip Code BUFFALO NY 14221-3272	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES LAKEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 200 FOREST HILL DR		<b>Transaction ID: SA11A1.58378</b>
City State Zip Code BUFFALO NY 14221-3272	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. WILLA LAMB</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 706 INDEPENDENCE		<b>Transaction ID: SA11A1.51510</b>
City State Zip Code TOLEDO OH 43607	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WILLA LAMB</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 706 INDEPENDENCE		<b>Transaction ID: SA11A1.51511</b>	
City TOLEDO	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 43607			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. WILLA LAMB</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 706 INDEPENDENCE		<b>Transaction ID: SA11A1.57590</b>	
City TOLEDO	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 43607			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. WILLA LAMB</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 706 INDEPENDENCE		<b>Transaction ID: SA11A1.56447</b>	
City TOLEDO	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 43607			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILLA LAMB</b>		Date of Receipt MM / DD / YYYY 12 / 16 / 2005
Mailing Address 706 INDEPENDENCE		<b>Transaction ID: SA11A1.56448</b>
City TOLEDO	State OH	Zip Code 43607
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. DWAIN LAMOTHE</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2005
Mailing Address 3704 EAST ANITA AVENUE		<b>Transaction ID: SA11A1.56742</b>
City PASADENA	State CA	Zip Code 91107
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer JOHNSON CONTROLS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. GENE LANTZ</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2005
Mailing Address 818 ELSBETH		<b>Transaction ID: SA11A1.60251</b>
City DALLAS	State TX	Zip Code 75208
FEC ID number of contributing federal political committee.	<b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 158 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS LAROSA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address S-4603 MORGAN PWKY		<b>Transaction ID: SA11A1.57430</b>	
City <b>HAMBURG</b>	State NY	Zip Code 14075-3122	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. BONNIE J LAURIA</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2005	
Mailing Address 3913 MAES RD		<b>Transaction ID: SA11A1.62030</b>	
City <b>WEST BRANCH</b>	State MI	Zip Code 48661-9691	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Lawson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 470B 58TH ST		<b>Transaction ID: SA11A1.55263</b>	
City <b>OAKLAND</b>	State CA	Zip Code 94609	Amount of Each Receipt this Period 112.50
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF CALIFORNIA Occupation CLERK			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	712.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Lawson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2005	
Mailing Address 470B 58TH ST		<b>Transaction ID: SA11A1.56449</b>	
City OAKLAND	State CA	Zip Code 94609	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. SANDRA LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 2010 WELKER		<b>Transaction ID: SA11A1.48545</b>	
City TOLEDO	State OH	Zip Code 43613	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. SANDRA LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005	
Mailing Address 2010 WELKER		<b>Transaction ID: SA11A1.49982</b>	
City TOLEDO	State OH	Zip Code 43613	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 160 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SANDRA LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 2010 WELKER		<b>Transaction ID: SA11A1.58546</b>
City TOLEDO	State OH	Zip Code 43613
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. SANDRA LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2010 WELKER		<b>Transaction ID: SA11A1.57428</b>
City TOLEDO	State OH	Zip Code 43613
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. SANDRA LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 2010 WELKER		<b>Transaction ID: SA11A1.51277</b>
City TOLEDO	State OH	Zip Code 43613
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
 KAYLA LEAMY

Mailing Address 227 SOUTH MAIN ST.

City State Zip Code  
 LINDSEY OH 43442

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

Name of Employer Occupation  
 UAW LOCAL UNION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

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

**Transaction ID: SA11A1.47455**

Amount of Each Receipt this Period  
 12.50

**B.** Full Name (Last, First, Middle Initial)  
 KAYLA LEAMY

Mailing Address 227 SOUTH MAIN ST.

City State Zip Code  
 LINDSEY OH 43442

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

Name of Employer Occupation  
 UAW LOCAL UNION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID: SA11A1.47948**

Amount of Each Receipt this Period  
 12.50

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

Mailing Address PO BOX 0709

City State Zip Code  
 IDYLVILD CA 92549

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

Name of Employer Occupation  
 RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID: SA11A1.54328**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) BRUCE LEE		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address PO BOX 0709		Transaction ID: SA11A1.56249	
City IDYLWILD	State CA	Zip Code 92549	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) DURWAYNE LEEWRIGHT		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2005	
Mailing Address 3549 CR-3518		Transaction ID: SA11A1.56356	
City DIKE	State TX	Zip Code 75437	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) FRANCIS LE MAY		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 104 SOUTH MURPHY AVENUE		Transaction ID: SA11A1.56248	
City BRAZIL	State IN	Zip Code 47834-8296	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RANDY T LEMIEUX</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 9099 GARFIELD ST		<b>Transaction ID: SA11A1.56410</b>	
City <b>COOPERSVILLE</b>	State <b>MI</b>	Amount of Each Receipt this Period 16.00	
Zip Code <b>49404-9750</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>B. RANDY T LEMIEUX</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 9099 GARFIELD ST		<b>Transaction ID: SA11A1.51452</b>	
City <b>COOPERSVILLE</b>	State <b>MI</b>	Amount of Each Receipt this Period 32.00	
Zip Code <b>49404-9750</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00		

Full Name (Last, First, Middle Initial) <b>C. RANDY T LEMIEUX</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 9099 GARFIELD ST		<b>Transaction ID: SA11A1.56411</b>	
City <b>COOPERSVILLE</b>	State <b>MI</b>	Amount of Each Receipt this Period 32.00	
Zip Code <b>49404-9750</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RANDY T LEMIEUX</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 9099 GARFIELD ST		<b>Transaction ID: SA11A1.58727</b>
City COOPERSVILLE	State MI	Zip Code 49404-9750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. GERALD W LINK</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 2042 LOWDEN LN		<b>Transaction ID: SA11A1.56940</b>
City FLINT	State MI	Zip Code 48532-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. GERALD W LINK</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 2042 LOWDEN LN		<b>Transaction ID: SA11A1.53325</b>
City FLINT	State MI	Zip Code 48532-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 165 / 423  
(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)  
**GERHARD E LINNER**  
 Mailing Address **557 WEST THIRD ST**  
 City **MANSFIELD** State **OH** Zip Code **44906-2648**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 07 / 2005**  
**Transaction ID: SA11A1.61294**  
 Amount of Each Receipt this Period  
**310.00**

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL D LLOYD**  
 Mailing Address **600 PINNACLE DR**  
 City **BUNKER HILL** State **WV** Zip Code **25413-3555**  
 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 ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 07 / 2005**  
**Transaction ID: SA11A1.57042**  
 Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN J LOFTUS**  
 Mailing Address **4104 JOHNSON RD RR #2**  
 City **MIDDLEVILLE** State **MI** Zip Code **49333**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2005**  
**Transaction ID: SA11A1.51281**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **635.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
GERRY LOGAN

Mailing Address 215 BAXTER AVE

City State Zip Code  
CINCINNATI OH 45220-1354

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

Name of Employer Occupation  
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.59037

Amount of Each Receipt this Period  
24.00

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

Mailing Address 534 BAYSHORE DRIVE

City State Zip Code  
KOKOMO IN 46901

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2005

Transaction ID: SA11A1.56954

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
ANTHONY E LOVELY

Mailing Address 2466 OLD CORNELIA HWY

City State Zip Code  
GAINESVILLE GA 30507-7854

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

Transaction ID: SA11A1.54519

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	424.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ANTHONY E LOVELY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 2466 OLD CORNELIA HWY		<b>Transaction ID: SA11A1.60384</b>
City <b>GAINESVILLE</b>	State <b>GA</b>	Zip Code <b>30507-7854</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT C LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 7340 VIRGINIA AVE		<b>Transaction ID: SA11A1.56827</b>
City <b>KANSAS CITY</b>	State <b>MO</b>	Zip Code <b>64131-1741</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT C LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 7340 VIRGINIA AVE		<b>Transaction ID: SA11A1.61462</b>
City <b>KANSAS CITY</b>	State <b>MO</b>	Zip Code <b>64131-1741</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JAIME LUNA</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address <b>7237 CHESTNUT AVE</b>		<b>Transaction ID: SA11A1.61958</b>
City State Zip Code <b>HAMMOND IN 46324-2429</b>	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>LEAR CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. JAIME LUNA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address <b>7237 CHESTNUT AVE</b>		<b>Transaction ID: SA11A1.62013</b>
City State Zip Code <b>HAMMOND IN 46324-2429</b>	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>LEAR CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. RALPH J LYKE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address <b>143 FAY LANE</b>		<b>Transaction ID: SA11A1.53592</b>
City State Zip Code <b>MINOA NY 13116</b>	Amount of Each Receipt this Period 41.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	176.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) RALPH J LYKE Mailing Address 143 FAY LANE City MINOA State NY Zip Code 13116 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.57168 Amount of Each Receipt this Period 82.00
Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 328.00		

<b>B.</b> Full Name (Last, First, Middle Initial) RALPH J LYKE Mailing Address 143 FAY LANE City MINOA State NY Zip Code 13116 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.59479 Amount of Each Receipt this Period 41.00
Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 369.00		

<b>C.</b> Full Name (Last, First, Middle Initial) JOHN LYNN Mailing Address 831 WILLOW LN City NORMAN State OK Zip Code 73072-7002 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.55715 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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	173.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN LYNN

Mailing Address 831 WILLOW LN

City State Zip Code  
NORMAN OK 73072-7002

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.50725

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN LYNN

Mailing Address 831 WILLOW LN

City State Zip Code  
NORMAN OK 73072-7002

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.56335

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
ERIC L LYONS

Mailing Address 1271 TECUMSEH ST

City State Zip Code  
TOLEDO OH 43607-4377

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

Name of Employer Occupation  
UAW LOCAL UNION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

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

Transaction ID: SA11A1.50803

Amount of Each Receipt this Period  
12.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	62.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ERIC L LYONS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 1271 TECUMSEH ST		<b>Transaction ID: SA11A1.54589</b>	
City TOLEDO State OH Zip Code 43607-4377	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>B. IAN MACLACHLAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 1626 HAYNES AVE		<b>Transaction ID: SA11A1.61931</b>	
City KOKOMO State IN Zip Code 46901-5239	Amount of Each Receipt this Period 7.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FEDERAL MOGUL CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.82		

Full Name (Last, First, Middle Initial) <b>C. IAN MACLACHLAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 1626 HAYNES AVE		<b>Transaction ID: SA11A1.61979</b>	
City KOKOMO State IN Zip Code 46901-5239	Amount of Each Receipt this Period 7.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FEDERAL MOGUL CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.48		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	27.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. IAN MACLACHLAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 1626 HAYNES AVE		<b>Transaction ID: SA11A1.61908</b>	
City State Zip Code KOKOMO IN 46901-5239	Amount of Each Receipt this Period 7.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FEDERAL MOGUL CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.14		

Full Name (Last, First, Middle Initial) <b>B. MIKE MALY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 5068 TAPPAN AVENUE		<b>Transaction ID: SA11A1.53462</b>	
City State Zip Code TOLEDO OH 43612	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. W Manuel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 2015 E ARKANSAS LN APT 131		<b>Transaction ID: SA11A1.57133</b>	
City State Zip Code ARLINGTON TX 76010-6709	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	92.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL MARTIN		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005
Mailing Address 393 S BRIARCLIFF DR		<b>Transaction ID:</b> SA11A1.61222
City CANFIELD State OH Zip Code 44406-1016	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS COMPANY Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) PERRY L MASON		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 580 TURNBERRY PL # B		<b>Transaction ID:</b> SA11A1.56429
City ST PETERS State MO Zip Code 63376	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) PERRY L MASON		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 580 TURNBERRY PL # B		<b>Transaction ID:</b> SA11A1.52751
City ST PETERS State MO Zip Code 63376	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 1400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. PERRY L MASON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address <b>580 TURNBERRY PL # B</b>		<b>Transaction ID: SA11A1.58750</b>	
City State Zip Code <b>ST PETERS MO 63376</b>		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>		Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. PERRY L MASON</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address <b>580 TURNBERRY PL # B</b>		<b>Transaction ID: SA11A1.59912</b>	
City State Zip Code <b>ST PETERS MO 63376</b>		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>		Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLOTTE MASSERANT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address <b>4448 288TH ST</b>		<b>Transaction ID: SA11A1.59266</b>	
City State Zip Code <b>TOLEDO OH 43611-1917</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ST VINCENT MERCY MEDICAL CEN</b>		Occupation <b>TECHNICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 423
	<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)  
CHARLOTTE MASSERANT

Mailing Address 4448 288TH ST

City TOLEDO State OH Zip Code 43611-1917

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.55774

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLOTTE MASSERANT

Mailing Address 4448 288TH ST

City TOLEDO State OH Zip Code 43611-1917

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.60455

Amount of Each Receipt this Period  
25.00

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

Mailing Address 4448 288TH ST

City TOLEDO State OH Zip Code 43611-1917

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.61580

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 176 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
CHARLOTTE MASSERANT

Mailing Address 4448 288TH ST

City Toledo State OH Zip Code 43611-1917

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2005

Transaction ID: SA11A1.53340

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
JANET M MATHEWSON

Mailing Address 3294 ELWOOD AVE SW

City GRANDVILLE State MI Zip Code 49418-1623

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2005

Transaction ID: SA11A1.62084

Amount of Each Receipt this Period  
320.00

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

Mailing Address 486 GRAYSON LAKE DRIVE

City LEXINGTON State KY Zip Code 40517-4165

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

Name of Employer C C METALS Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2005

Transaction ID: SA11A1.54887

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	645.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM P MATTHEWS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 925 WINDING BROOK PKWY APT		<b>Transaction ID: SA11A1.55849</b>
City INDIANAPOLIS	State IN	Zip Code 46234-2323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 34.00
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 ▼ 204.00	

Full Name (Last, First, Middle Initial) <b>B. SHARON MAXCY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 6043 CURSON DRIVE		<b>Transaction ID: SA11A1.55667</b>
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. SHARON MAXCY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 6043 CURSON DRIVE		<b>Transaction ID: SA11A1.60345</b>
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 178 / 423						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. SHARON MAXCY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 6043 CURSON DRIVE		<b>Transaction ID: SA11A1.59153</b>	
City State Zip Code TOLEDO OH 43612		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. SHARON MAXCY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 6043 CURSON DRIVE		<b>Transaction ID: SA11A1.54470</b>	
City State Zip Code TOLEDO OH 43612		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. SHARON MAXCY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 6043 CURSON DRIVE		<b>Transaction ID: SA11A1.53206</b>	
City State Zip Code TOLEDO OH 43612		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA R MAYNARD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005	
Mailing Address 7750 CLINTON MACON RD		<b>Transaction ID: SA11A1.61972</b>	
City State Zip Code CLINTON MI 49236-9642	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LEAR CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. DAN MAYNARD</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 10 MIRIVAL LANE		<b>Transaction ID: SA11A1.54073</b>	
City State Zip Code DEFIANCE OH 43512	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. MARCIA K MC CANN</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2005	
Mailing Address 4617 W PENDLETON PL		<b>Transaction ID: SA11A1.61591</b>	
City State Zip Code PEORIA IL 61615-2839	Amount of Each Receipt this Period 620.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CATERPILLAR	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	880.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MARCIA K MC CANN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address <b>4617 W PENDLETON PL</b>		<b>Transaction ID: SA11A1.52083</b>	
City <b>PEORIA</b>	State <b>IL</b>	Zip Code <b>61615-2839</b>	Amount of Each Receipt this Period 329.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>CATERPILLAR</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1673.00		

Full Name (Last, First, Middle Initial) <b>B. P McCarthy</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address <b>84 W BIHRWOOD DR</b>		<b>Transaction ID: SA11A1.49642</b>	
City <b>BUFFALO</b>	State <b>NY</b>	Zip Code <b>14224-3626</b>	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AMERICAN AXLE &amp; MFG INC</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. TONI MCCAULEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address <b>1500 NW FOX RIDGE DR</b>		<b>Transaction ID: SA11A1.55045</b>	
City <b>BLUE SPRINGS</b>	State <b>MO</b>	Zip Code <b>64015</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	689.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 F MCCLAIN

Mailing Address 3204 FRIENDSHIP ST.

City State Zip Code  
 PHILADELPHIA PA 19116

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

Name of Employer Occupation  
 SPD TECHNOLOGIES FACTORY WORKER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 204.00

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

**Transaction ID: SA11A1.59932**

Amount of Each Receipt this Period  
 18.00

**B.** Full Name (Last, First, Middle Initial)  
 JOHN F MCCLAIN

Mailing Address 3204 FRIENDSHIP ST.

City State Zip Code  
 PHILADELPHIA PA 19116

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

Name of Employer Occupation  
 SPD TECHNOLOGIES FACTORY WORKER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 228.00

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

**Transaction ID: SA11A1.61114**

Amount of Each Receipt this Period  
 24.00

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

Mailing Address 1396 LELA LN

City State Zip Code  
 MILFORD OH 45150-2584

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

Name of Employer Occupation  
 GENERAL ELECTRIC CO FACTORY WORKER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 204.00

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

**Transaction ID: SA11A1.55962**

Amount of Each Receipt this Period  
 18.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD E MCDONAUGH JR**

Mailing Address **2 ADELAIDE COURT**

City **NEWARK** State **DE** Zip Code **19702**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**1 2 / 2 1 / 2 0 0 5**

**Transaction ID: SA11A1.57509**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**SAMUEL MC DOWELL**

Mailing Address **187 LOCUST STREET, N.W.**

City **MARIETTA** State **GA** Zip Code **30064-2245**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CATERPILLAR** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**1 2 / 2 0 / 2 0 0 5**

**Transaction ID: SA11A1.54652**

Amount of Each Receipt this Period  
**75.00**

**C.** Full Name (Last, First, Middle Initial)  
**WESLEY S MC LAUGHLIN**

Mailing Address **2212 N. 250 E. LOT # 18**

City **KOKOMO** State **IN** Zip Code **46901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**0 8 / 0 9 / 2 0 0 5**

**Transaction ID: SA11A1.54678**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. WESLEY S MC LAUGHLIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2005
Mailing Address 2212 N. 250 E. LOT # 18		<b>Transaction ID: SA11A1.58210</b>
City State Zip Code KOKOMO IN 46901	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. WESLEY S MC LAUGHLIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 2212 N. 250 E. LOT # 18		<b>Transaction ID: SA11A1.52186</b>
City State Zip Code KOKOMO IN 46901	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS MCLENDON</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2005
Mailing Address 1817 GOLDWOOD DR		<b>Transaction ID: SA11A1.56357</b>
City State Zip Code DALLAS TX 75232-3715	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. TINA MCVICKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2005	
Mailing Address 1730 SCHOMBERG ST		<b>Transaction ID: SA11A1.51278</b>	
City State Zip Code TOLEDO OH 43605-3727		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. TINA MCVICKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2005	
Mailing Address 1730 SCHOMBERG ST		<b>Transaction ID: SA11A1.49983</b>	
City State Zip Code TOLEDO OH 43605-3727		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. TINA MCVICKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2005	
Mailing Address 1730 SCHOMBERG ST		<b>Transaction ID: SA11A1.55042</b>	
City State Zip Code TOLEDO OH 43605-3727		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. TINA MCVICKER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1730 SCHOMBERG ST		<b>Transaction ID: SA11A1.51279</b>	
City State Zip Code TOLEDO OH 43605-3727		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation ST VINCENT MERCY MEDICAL CEN TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. TINA MCVICKER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1730 SCHOMBERG ST		<b>Transaction ID: SA11A1.55043</b>	
City State Zip Code TOLEDO OH 43605-3727		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation ST VINCENT MERCY MEDICAL CEN TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. HAROLD MCWILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2007 OAKWOOD		<b>Transaction ID: SA11A1.51165</b>	
City State Zip Code TOLEDO OH 43607		Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation UAW LOCAL UNION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. HAROLD MCWILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 2007 OAKWOOD		<b>Transaction ID: SA11A1.53709</b>	
City TOLEDO	State OH	Amount of Each Receipt this Period 12.50	
Zip Code 43607			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. A MEMMO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5	
Mailing Address 9715 LAKESHORE RD		<b>Transaction ID: SA11A1.48540</b>	
City ANGOLA	State NY	Amount of Each Receipt this Period 50.00	
Zip Code 14006			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. GUY MESSINA</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 317 W CHESTNUT AVE		<b>Transaction ID: SA11A1.58225</b>	
City METUCHEN	State NJ	Amount of Each Receipt this Period 0.50	
Zip Code 08840-1348			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	63.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. GUY MESSINA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 317 W CHESTNUT AVE		<b>Transaction ID: SA11A1.50918</b>	
City METUCHEN	State NJ	Zip Code 08840-1348	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.50		

Full Name (Last, First, Middle Initial) <b>B. GUY MESSINA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 317 W CHESTNUT AVE		<b>Transaction ID: SA11A1.58226</b>	
City METUCHEN	State NJ	Zip Code 08840-1348	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.50		

Full Name (Last, First, Middle Initial) <b>C. GUY MESSINA</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 317 W CHESTNUT AVE		<b>Transaction ID: SA11A1.58227</b>	
City METUCHEN	State NJ	Zip Code 08840-1348	Amount of Each Receipt this Period 0.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JAMES MICHALSKI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 25104 GRANT RD		<b>Transaction ID: SA11A1.50118</b>	
City SOUTH BEND	State IN	Zip Code 46619	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AM GENERAL CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. G Middleton</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 725 ADAMS ST		<b>Transaction ID: SA11A1.55972</b>	
City VICKSBURG	State MI	Zip Code 49097-1404	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. RAYMOND M MILLER II</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 2381 ALTA WEST RD		<b>Transaction ID: SA11A1.58137</b>	
City MANSFIELD	State OH	Zip Code 44903-8230	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. THERESA M MILLHOUSE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address 1417 PROSPECT AVENUE		<b>Transaction ID: SA11A1.48782</b>
City State Zip Code TOLEDO OH 43606-4749	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) <b>B. THERESA M MILLHOUSE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005
Mailing Address 1417 PROSPECT AVENUE		<b>Transaction ID: SA11A1.61125</b>
City State Zip Code TOLEDO OH 43606-4749	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00	

Full Name (Last, First, Middle Initial) <b>C. THERESA M MILLHOUSE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005
Mailing Address 1417 PROSPECT AVENUE		<b>Transaction ID: SA11A1.54017</b>
City State Zip Code TOLEDO OH 43606-4749	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
THERESA M MILLHOUSE

Mailing Address 1417 PROSPECT AVENUE

City Toledo State OH Zip Code 43606-4749

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt  
11 / 15 / 2005

Transaction ID: SA11A1.55261

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
THERESA M MILLHOUSE

Mailing Address 1417 PROSPECT AVENUE

City Toledo State OH Zip Code 43606-4749

FEC ID number of contributing federal political committee. **C**

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 316.00

Date of Receipt  
12 / 16 / 2005

Transaction ID: SA11A1.54018

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
DEBRA MILLS

Mailing Address 135 FALLS CT APT E

City LANSING State MI Zip Code 48917-1958

FEC ID number of contributing federal political committee. **C**

Name of Employer FEDERAL FORGE Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
09 / 22 / 2005

Transaction ID: SA11A1.62060

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 275.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DEBRA MILLS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 135 FALLS CT APT E		<b>Transaction ID: SA11A1.61947</b>	
City State Zip Code LANSING MI 48917-1958	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FEDERAL FORGE	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B. MARTIN MINARD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 10440 PAMPLONA ST NW		<b>Transaction ID: SA11A1.52801</b>	
City State Zip Code ALBUQUERQUE NM 87114	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MARTIN MINARD</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2005	
Mailing Address 10440 PAMPLONA ST NW		<b>Transaction ID: SA11A1.52802</b>	
City State Zip Code ALBUQUERQUE NM 87114	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DONALD MITCHELL</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 2120 BALTIMORE ST		<b>Transaction ID: SA11A1.54776</b>	
City State Zip Code DEFIANCE OH 43512-1932	Amount of Each Receipt this Period 28.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77		

Full Name (Last, First, Middle Initial) <b>B. DONALD MITCHELL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2120 BALTIMORE ST		<b>Transaction ID: SA11A1.55985</b>	
City State Zip Code DEFIANCE OH 43512-1932	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85		

Full Name (Last, First, Middle Initial) <b>C. J Monroe</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 18482 CONANT RD		<b>Transaction ID: SA11A1.51508</b>	
City State Zip Code WAPAKONETA OH 45895-7905	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) J Monroe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 18482 CONANT RD		<b>Transaction ID:</b> SA11A1.51509
City WAPAKONETA	State OH	Zip Code 45895-7905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) J Monroe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 18482 CONANT RD		<b>Transaction ID:</b> SA11A1.58772
City WAPAKONETA	State OH	Zip Code 45895-7905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>C.</b> Full Name (Last, First, Middle Initial) LUANN MONROE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 18482 CONANT RD		<b>Transaction ID:</b> SA11A1.57503
City WAPAKONETA	State OH	Zip Code 45895-7905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL DYNAMICS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LUANN MONROE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 18482 CONANT RD		<b>Transaction ID: SA11A1.50113</b>
City State Zip Code WAPAKONETA OH 45895-7905	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GENERAL DYNAMICS FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. LUANN MONROE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 18482 CONANT RD		<b>Transaction ID: SA11A1.50111</b>
City State Zip Code WAPAKONETA OH 45895-7905	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GENERAL DYNAMICS FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. RENEE M MONTPETIT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 115 COUNTY ROUTE 43		<b>Transaction ID: SA11A1.57921</b>
City State Zip Code MASSENA NY 13662-3129	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JEFFREY A MOONEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 1006 LANCASHIRE LN		<b>Transaction ID: SA11A1.50891</b>
City State Zip Code PENDLETON IN 46064-9127	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. L Morgan Jr</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 404 E ALBERT ST		<b>Transaction ID: SA11A1.60049</b>
City State Zip Code LIMA OH 45804-1502	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. L Morgan Jr</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 404 E ALBERT ST		<b>Transaction ID: SA11A1.60051</b>
City State Zip Code LIMA OH 45804-1502	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) L Morgan Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 404 E ALBERT ST		<b>Transaction ID:</b> SA11A1.58878
City LIMA State OH Zip Code 45804-1502	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL DYNAMICS CORP Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) DELBERT L MORRIS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 308 CREEKSTONE CT		<b>Transaction ID:</b> SA11A1.59274
City INDIANAPOLIS State IN Zip Code 46239-9172	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) KENNETH W MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 909 REDWOOD CT		<b>Transaction ID:</b> SA11A1.61712
City LIBERTY State MO Zip Code 64068-9206	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. KENNETH W MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2005	
Mailing Address <b>909 REDWOOD CT</b>		<b>Transaction ID: SA11A1.49569</b>	
City <b>LIBERTY</b>	State <b>MO</b>	Zip Code <b>64068-9206</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. KENNETH W MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address <b>909 REDWOOD CT</b>		<b>Transaction ID: SA11A1.54694</b>	
City <b>LIBERTY</b>	State <b>MO</b>	Zip Code <b>64068-9206</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. KENNETH W MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address <b>909 REDWOOD CT</b>		<b>Transaction ID: SA11A1.52204</b>	
City <b>LIBERTY</b>	State <b>MO</b>	Zip Code <b>64068-9206</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) GLORIA MOYA		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 16732 CEDERAMA		<b>Transaction ID:</b> SA11A1.56451
City State Zip Code CLINTON TOWNSHIP MI 48038	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b> Full Name (Last, First, Middle Initial) GLORIA MOYA		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2005
Mailing Address 16732 CEDERAMA		<b>Transaction ID:</b> SA11A1.58778
City State Zip Code CLINTON TOWNSHIP MI 48038	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>C.</b> Full Name (Last, First, Middle Initial) RANDY MUNDEN		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2005
Mailing Address 16867 COUNTY ROAD 116		<b>Transaction ID:</b> SA11A1.52169
City State Zip Code MABANK TX 75147-3447	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 / 423
	<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)  
R Munoz

Mailing Address 4157 ASTORIA ST

City State Zip Code  
IRVING TX 75062-2978

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2005

Transaction ID: SA11A1.50547

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
RUTH MURRAY

Mailing Address 4532 EL RANCHO

City State Zip Code  
LA PALMA CA 90623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2005

Transaction ID: SA11A1.58777

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
KEITH E MYERS

Mailing Address 2450 BLACKBERRY RD

City State Zip Code  
DOVER PA 17315-3043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
YORK INTERNATIONAL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 21 / 2005

Transaction ID: SA11A1.53366

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	390.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 200 / 423</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

**A.** Full Name (Last, First, Middle Initial)  
 MICHAEL J NANNO

Mailing Address 8458 OLD GREEN LAKES RD.

City State Zip Code  
**FAYETTVILLE NY 13066**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 09 / 2005

**Transaction ID: SA11A1.59285**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
 MICHAEL J NANNO

Mailing Address 8458 OLD GREEN LAKES RD.

City State Zip Code  
**FAYETTVILLE NY 13066**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 24 / 2005

**Transaction ID: SA11A1.59286**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
 MICHAEL J NANNO

Mailing Address 8458 OLD GREEN LAKES RD.

City State Zip Code  
**FAYETTVILLE NY 13066**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2005

**Transaction ID: SA11A1.54601**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. WILBERT NEAL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 7705 NE 75TH TERRACE		<b>Transaction ID: SA11A1.59826</b>	
City KANSAS CITY	State MO	Amount of Each Receipt this Period 300.00	
Zip Code 64158-1067		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Receipt For:	Occupation RETIRED	Amount of Each Receipt this Period 300.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 300.00	

Full Name (Last, First, Middle Initial) <b>B. KEITH NEARGARDNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5	
Mailing Address 7415 MEADOW VIOLET COURT		<b>Transaction ID: SA11A1.52771</b>	
City AVON	State IN	Amount of Each Receipt this Period 300.00	
Zip Code 46123		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Receipt For:	Occupation FACTORY WORKER	Amount of Each Receipt this Period 300.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 300.00	

Full Name (Last, First, Middle Initial) <b>C. ERIC J NEECE</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5	
Mailing Address 8541 N MARSTON AVE		<b>Transaction ID: SA11A1.52268</b>	
City KANSAS CITY	State MO	Amount of Each Receipt this Period 100.00	
Zip Code 64154-1230		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Receipt For:	Occupation FACTORY WORKER	Amount of Each Receipt this Period 100.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	700.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ERIC J NEECE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 8541 N MARSTON AVE		<b>Transaction ID: SA11A1.54754</b>
City State Zip Code KANSAS CITY MO 64154-1230	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. BRIAN NEGOVAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 19855 JOLGREN DR		<b>Transaction ID: SA11A1.58069</b>
City State Zip Code CLINTON TOWNSHIP MI 48038-2263	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UAW LOCAL 155	Occupation LOCAL UNION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. DALE N NELSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 32601 MAPLEWOOD ST		<b>Transaction ID: SA11A1.62021</b>
City State Zip Code GARDEN CITY MI 48135-1630	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
JACK ROSEWALD NELSON

Mailing Address 8905 BURTON AVE

City State Zip Code  
OVERLAND MO 63114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2005

Transaction ID: SA11A1.61790

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
LUGENE NELSON

Mailing Address 3361 RIVERSIDE DRIVE

City State Zip Code  
CANTON MI 48188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LEAR CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2005

Transaction ID: SA11A1.57683

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
JOE D NIEDZWIECKI

Mailing Address 6507 BALDWIN RD

City State Zip Code  
SWARTZ CREEK MI 48473-9104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2005

Transaction ID: SA11A1.52841

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JOE D NIEDZWIECKI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 6507 BALDWIN RD		<b>Transaction ID: SA11A1.61187</b>	
City State Zip Code SWARTZ CREEK MI 48473-9104	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>B. JOE D NIEDZWIECKI</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 6507 BALDWIN RD		<b>Transaction ID: SA11A1.58840</b>	
City State Zip Code SWARTZ CREEK MI 48473-9104	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>C. SUSAN NOWICKI</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2005	
Mailing Address 202 E. ADRIAN		<b>Transaction ID: SA11A1.58386</b>	
City State Zip Code BLISSFIELD MI 49228	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	315.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MARY A O'NEIL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 13380 RIDGE RD		<b>Transaction ID: SA11A1.59250</b>	
City State Zip Code N HUNTINGDON PA 15642-2161	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL D OGDEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address 1643 GILMAR RD		<b>Transaction ID: SA11A1.55154</b>	
City State Zip Code APOLLO PA 15613-9231	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. FRED OHLSON III</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5	
Mailing Address 5924 ROUTE 19		<b>Transaction ID: SA11A1.59816</b>	
City State Zip Code GAINESVILLE NY 14066-9774	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	480.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) FRED OHLSON III Mailing Address 5924 ROUTE 19 City GAINESVILLE State NY Zip Code 14066-9774 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005 <b>Transaction ID: SA11A1.58650</b> Amount of Each Receipt this Period 150.00
Name of Employer AMERICAN AXLE & MFG INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		

<b>B.</b> Full Name (Last, First, Middle Initial) FRED OHLSON III Mailing Address 5924 ROUTE 19 City GAINESVILLE State NY Zip Code 14066-9774 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005 <b>Transaction ID: SA11A1.52654</b> Amount of Each Receipt this Period 100.00
Name of Employer AMERICAN AXLE & MFG INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

<b>C.</b> Full Name (Last, First, Middle Initial) RANDALL L OSBORN Mailing Address 118 SOUTHGATE AVE City MORROW State OH Zip Code 45152-1120 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2005 <b>Transaction ID: SA11A1.60330</b> Amount of Each Receipt this Period 24.04
Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.35		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	274.04
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. STEPHEN R OVERTURF</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 1843 BISCAYNE DR		<b>Transaction ID: SA11A1.60257</b>
City State Zip Code SPRINGFIELD OH 45503-6010	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR INTERNATIONAL CO-RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN R OVERTURF</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 1843 BISCAYNE DR		<b>Transaction ID: SA11A1.59060</b>
City State Zip Code SPRINGFIELD OH 45503-6010	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR INTERNATIONAL CO-RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN R OVERTURF</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 1843 BISCAYNE DR		<b>Transaction ID: SA11A1.61402</b>
City State Zip Code SPRINGFIELD OH 45503-6010	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR INTERNATIONAL CO-RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	245.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN R OVERTURF

Mailing Address 1843 BISCAYNE DR

City State Zip Code  
SPRINGFIELD OH 45503-6010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.60258

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
BIRTIE OWENS

Mailing Address 13423 N 111TH AVE

City State Zip Code  
SUN CITY AZ 85351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.57432

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT H OWENS, JR.

Mailing Address 309 TEAKWOOD DR

City State Zip Code  
MONROE LA 71203-2248

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  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.47978

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 209 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
ROBERT H OWENS, JR.

Mailing Address 309 TEAKWOOD DR

City State Zip Code  
MONROE LA 71203-2248

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 Y  
1 2 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.46802

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT H PARHAT

Mailing Address PO BOX 190091

City State Zip Code  
BURTON MI 48519-0091

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  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.49734

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
MYRON L PARIS

Mailing Address 16513 E 53RD ST CT S

City State Zip Code  
INDEPENDENCE MO 64055-6827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.55143

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. W Parkinson</b>		Date of Receipt MM / DD / YYYY 12 / 22 / 2005
Mailing Address 1078 ELMWOOD AVE		<b>Transaction ID: SA11A1.57132</b>
City	State	Zip Code
BUFFALO	NY	14222-1226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. GEORGETTA PAULIN</b>		Date of Receipt MM / DD / YYYY 09 / 01 / 2005
Mailing Address 1026 WEST IRVIN AVENUE		<b>Transaction ID: SA11A1.52775</b>
City	State	Zip Code
HAGERSTOWN	MD	21742
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer MACK TRUCKS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT J PEACE</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2005
Mailing Address 3721 WALLWERTH DR.		<b>Transaction ID: SA11A1.52380</b>
City	State	Zip Code
TOLEDO	OH	43612-1076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NHK SPRING COMPANY LTD	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 / 423
	<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)  
WILLIAM R PENDERGRASS

Mailing Address 333 MOORE RD

City State Zip Code  
COOKEVILLE TN 38506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUMMINS ENGINE CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
08 / 17 / 2005

Transaction ID: SA11A1.50237

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL R PERRY

Mailing Address 1500 NE 20TH ST

City State Zip Code  
GRAIN VALLEY MO 64029-9604

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 ▼ 350.00

Date of Receipt  
07 / 29 / 2005

Transaction ID: SA11A1.58819

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL R PERRY

Mailing Address 1500 NE 20TH ST

City State Zip Code  
GRAIN VALLEY MO 64029-9604

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 ▼ 450.00

Date of Receipt  
09 / 28 / 2005

Transaction ID: SA11A1.51544

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL R PERRY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1500 NE 20TH ST		<b>Transaction ID:</b> SA11A1.56488
City State Zip Code GRAIN VALLEY MO 64029-9604	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DAVID M PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 8107 W 80TH ST		<b>Transaction ID:</b> SA11A1.51480
City State Zip Code OVERLAND PARK KS 66204-3419	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DAVID M PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 8107 W 80TH ST		<b>Transaction ID:</b> SA11A1.58751
City State Zip Code OVERLAND PARK KS 66204-3419	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	245.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DAVID M PETERSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 8107 W 80TH ST		Transaction ID: SA11A1.61109
City OVERLAND PARK	State KS	Zip Code 66204-3419
Amount of Each Receipt this Period 130.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID M PETERSON</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 8107 W 80TH ST		Transaction ID: SA11A1.50210
City OVERLAND PARK	State KS	Zip Code 66204-3419
Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	

Full Name (Last, First, Middle Initial) <b>C. RALPH E PETERSON</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2005
Mailing Address PO BOX 398		Transaction ID: SA11A1.57143
City ALBA	State TX	Zip Code 75410-0398
Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
RALPH E PETERSON

Mailing Address PO BOX 398

City ALBA State TX Zip Code 75410-0398

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 ▼ 342.50

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2005

Transaction ID: SA11A1.57144

Amount of Each Receipt this Period  
8.50

**B.** Full Name (Last, First, Middle Initial)  
DANNY R PHILLIPS

Mailing Address 6720 WINDFALL RD

City GALION State OH Zip Code 44833-8950

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2005

Transaction ID: SA11A1.55299

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
DANNY R PHILLIPS

Mailing Address 6720 WINDFALL RD

City GALION State OH Zip Code 44833-8950

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2005

Transaction ID: SA11A1.56503

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	23.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DANNY R PHILLIPS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 6720 WINDFALL RD		<b>Transaction ID: SA11A1.48845</b>	
City State Zip Code GALION OH 44833-8950	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) <b>B. DANNY R PHILLIPS</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 6720 WINDFALL RD		<b>Transaction ID: SA11A1.51553</b>	
City State Zip Code GALION OH 44833-8950	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. ERIC J PLATZ</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2005	
Mailing Address 16223 W WASHINGTON RD		<b>Transaction ID: SA11A1.54670</b>	
City State Zip Code CLEVELAND WI 53015-1147	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	35.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JEFF PLOTT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 112 POLARIS DRIVE		<b>Transaction ID: SA11A1.53824</b>	
City MOCKSVILLE	State NC	Zip Code 27828	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. DEAN POGGIALI</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5	
Mailing Address 16181 ESKE ST		<b>Transaction ID: SA11A1.50236</b>	
City LANSING	State MI	Zip Code 48906-1902	Amount of Each Receipt this Period 60.00
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 ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C. DEAN POGGIALI</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address 16181 ESKE ST		<b>Transaction ID: SA11A1.48775</b>	
City LANSING	State MI	Zip Code 48906-1902	Amount of Each Receipt this Period 90.00
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 ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
BRUCE PONTIA

Mailing Address 200 CHESWICK DRIVE

City MARTINSBURG State WV Zip Code 25401

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.53813

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY R POOLE

Mailing Address 3351 S 700 W

City NEW PALESTINE State IN Zip Code 46163-9749

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.61488

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
BRADLEY POPE

Mailing Address 5250 ALEXANDER ROAD

City DUBLIN State VA Zip Code 24084

FEC ID number of contributing federal political committee. **C**

Name of Employer VOLVO TRUCKS Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.57142

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	425.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 / 423
	<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)  
MARTHA POSTON

Mailing Address 830 IDLEWILD DRIVE

City MADISON State TN Zip Code 37115

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.55661

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
ALEX POTTS

Mailing Address 503 E MOOREHAVEN DR.

City CARSON State CA Zip Code 90746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.51846

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY POTTS

Mailing Address 8490 CRESTMONT DRIVE

City WEST CHESTER State OH Zip Code 45069-3496

FEC ID number of contributing federal political committee. **C**

Name of Employer PHILIP MORRIS Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.51742

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FELTON L POWELL</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address PO BOX 11064		<b>Transaction ID: SA11A1.54315</b>
City State Zip Code OKLAHOMA CITY OK 73136-0064	Amount of Each Receipt this Period 34.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name (Last, First, Middle Initial) <b>B. SUSAN PRATT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 5401 BELPRE		<b>Transaction ID: SA11A1.53458</b>
City State Zip Code TOLEDO OH 43611	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. SUSAN PRATT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 5401 BELPRE		<b>Transaction ID: SA11A1.59352</b>
City State Zip Code TOLEDO OH 43611	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	84.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
SUSAN PRATT

Mailing Address 5401 BELPRE

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer: ST VINCENT MERCY MEDICAL CEN  
Occupation: TECHNICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2005

Transaction ID: SA11A1.55883

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
SUSAN PRATT

Mailing Address 5401 BELPRE

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer: ST VINCENT MERCY MEDICAL CEN  
Occupation: TECHNICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2005

Transaction ID: SA11A1.50884

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
LANA R PUTERBAUGH

Mailing Address 2880 S 1100 E

City PERU State IN Zip Code 46970

FEC ID number of contributing federal political committee. **C**

Name of Employer: GENERAL MOTORS CORPORATION  
Occupation: FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2005

Transaction ID: SA11A1.57393

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 / 423
	<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)  
LANA R PUTERBAUGH

Mailing Address 2880 S 1100 E

City PERU State IN Zip Code 46970

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.52514

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
SALVADOR QUINTANA

Mailing Address 682 BAKER RD

City COLUMBIA State TN Zip Code 38401

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.61581

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
ANTHONY R RAINEY

Mailing Address 3927 N 58TH ST.

City MILWAUKEE State WI Zip Code 53216-2230

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN BRANDS Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.48435

Amount of Each Receipt this Period  
 25.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.50

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. ANTHONY R RAINEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 3927 N 58TH ST.		<b>Transaction ID: SA11A1.52458</b>	
City <b>MILWAUKEE</b>	State <b>WI</b>	Amount of Each Receipt this Period 8.50	
Zip Code <b>53216-2230</b>		Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 8.50	
Name of Employer <b>AMERICAN BRANDS</b>	Occupation <b>FACTORY WORKER</b>	Amount of Each Receipt this Period 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.50	Amount of Each Receipt this Period 8.50	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY R RAINEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 3927 N 58TH ST.		<b>Transaction ID: SA11A1.49841</b>	
City <b>MILWAUKEE</b>	State <b>WI</b>	Amount of Each Receipt this Period 8.50	
Zip Code <b>53216-2230</b>		Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 8.50	
Name of Employer <b>AMERICAN BRANDS</b>	Occupation <b>FACTORY WORKER</b>	Amount of Each Receipt this Period 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	Amount of Each Receipt this Period 8.50	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY R RAINEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 3927 N 58TH ST.		<b>Transaction ID: SA11A1.59635</b>	
City <b>MILWAUKEE</b>	State <b>WI</b>	Amount of Each Receipt this Period 8.50	
Zip Code <b>53216-2230</b>		Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 8.50	
Name of Employer <b>AMERICAN BRANDS</b>	Occupation <b>FACTORY WORKER</b>	Amount of Each Receipt this Period 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.50	Amount of Each Receipt this Period 8.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	25.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	8.50

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 / 423		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. ANTHONY R RAINEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 3927 N 58TH ST.		<b>Transaction ID: SA11A1.60851</b>	
City <b>MILWAUKEE</b>	State <b>WI</b>	Zip Code <b>53216-2230</b>	Amount of Each Receipt this Period 8.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AMERICAN BRANDS</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00		

Full Name (Last, First, Middle Initial) <b>B. LUIZ RAMOS JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 7620 DANBY AVE		<b>Transaction ID: SA11A1.53848</b>	
City <b>WHITTIER</b>	State <b>CA</b>	Zip Code <b>90606-2110</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

Full Name (Last, First, Middle Initial) <b>C. REX B REDDEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5	
Mailing Address 2904 DAVID LN		<b>Transaction ID: SA11A1.61384</b>	
City <b>ARLINGTON</b>	State <b>TX</b>	Zip Code <b>76013-2026</b>	Amount of Each Receipt this Period 132.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>LOCKHEED MARTIN CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	440.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) REX B REDDEN Mailing Address 2904 DAVID LN City ARLINGTON State TX Zip Code 76013-2026 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2005 <b>Transaction ID:</b> SA11A1.55567 Amount of Each Receipt this Period 24.00
Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		

<b>B.</b> Full Name (Last, First, Middle Initial) PAUL D REYNOLDS Mailing Address HC02 BOX 114A City WILLIAMSVILLE State MO Zip Code 63967-9416 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005 <b>Transaction ID:</b> SA11A1.52370 Amount of Each Receipt this Period 300.00
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		

<b>C.</b> Full Name (Last, First, Middle Initial) PAUL D REYNOLDS Mailing Address HC02 BOX 114A City WILLIAMSVILLE State MO Zip Code 63967-9416 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005 <b>Transaction ID:</b> SA11A1.56059 Amount of Each Receipt this Period 5.00
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>329.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 225 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. RUSSELL E RICHARDS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 12026 BELVEDERE ROAD		<b>Transaction ID: SA11A1.55453</b>	
City <b>HAGERSTOWN</b>	State MD	Zip Code 21742-4209	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. RUSSELL E RICHARDS</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 12026 BELVEDERE ROAD		<b>Transaction ID: SA11A1.55454</b>	
City <b>HAGERSTOWN</b>	State MD	Zip Code 21742-4209	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. M Rincon</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005	
Mailing Address 701 SHERWOOD DR		<b>Transaction ID: SA11A1.52551</b>	
City <b>ARLINGTON</b>	State TX	Zip Code 76013-1521	Amount of Each Receipt this Period 54.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	104.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BENJAMIN G. RIVERA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 1375 SALUDA CT.		<b>Transaction ID: SA11A1.47654</b>
City State Zip Code SAN JOSE CA 95121-2260	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.00	

Full Name (Last, First, Middle Initial) <b>B. J Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 4924 SHADY OAK TRL		<b>Transaction ID: SA11A1.59731</b>
City State Zip Code GRAND PRAIRIE TX 75052-4467	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) <b>C. JANNETTE ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 1360 SCHAEFFER ROAD		<b>Transaction ID: SA11A1.50122</b>
City State Zip Code NORWALK OH 44857-9790	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VACATIONLAND FEDERAL CR UN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	148.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address PO BOX 693		<b>Transaction ID: SA11A1.58686</b>	
City <b>HEDGESVILLE</b>	State <b>WV</b>	Zip Code <b>25427-0693</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. GREGORY D ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 9881 LORALINDA DR		<b>Transaction ID: SA11A1.59442</b>	
City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45251-1555</b>	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL ELECTRIC CO</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. WILLIE D ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5	
Mailing Address 6919 N. SUMMERFIELD DR.		<b>Transaction ID: SA11A1.59960</b>	
City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46214</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	99.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. WILLIE D ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2005
Mailing Address 6919 N. SUMMERFIELD DR.		<b>Transaction ID: SA11A1.50256</b>
City State Zip Code INDIANAPOLIS IN 46214	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIE D ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 6919 N. SUMMERFIELD DR.		<b>Transaction ID: SA11A1.48814</b>
City State Zip Code INDIANAPOLIS IN 46214	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES ROGERS</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2005
Mailing Address 305 N DELAWARE AVENUE		<b>Transaction ID: SA11A1.52148</b>
City State Zip Code MARTINSBURG WV 25401	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 / 423
	<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)  
JEFFREY D ROGERS

Mailing Address 3731 OWSTER LN

City INDIANAPOLIS State IN Zip Code 46237-1276

FEC ID number of contributing federal political committee. **C**

Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
11 / 28 / 2005

Transaction ID: SA11A1.54481

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT ROSE

Mailing Address PO BOX 140511

City TOLEDO State OH Zip Code 43614-0809

FEC ID number of contributing federal political committee. **C**

Name of Employer TOLEDO TECHNOLOGIES Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.25

Date of Receipt  
09 / 09 / 2005

Transaction ID: SA11A1.55577

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
PHILIP C ROSSO

Mailing Address 300 WINDING HILL RD

City WINCHESTER State VA Zip Code 22603-2550

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 ▼ 225.00

Date of Receipt  
11 / 07 / 2005

Transaction ID: SA11A1.50883

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. TERRY RUCH</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 2024 SHAWNEE DR		<b>Transaction ID: SA11A1.52785</b>
City State Zip Code DEFIANCE OH 43512-3331	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77	

Full Name (Last, First, Middle Initial) <b>B. TERRY RUCH</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 2024 SHAWNEE DR		<b>Transaction ID: SA11A1.55270</b>
City State Zip Code DEFIANCE OH 43512-3331	Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85	

Full Name (Last, First, Middle Initial) <b>C. RICKY RUSH</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 279 E BORT ST.		<b>Transaction ID: SA11A1.55364</b>
City State Zip Code LONG BEACH CA 90805	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	351.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 / 423		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) ROLAND C RUSIE JR Mailing Address 251 S AUDUBON RD City INDIANAPOLIS State IN Zip Code 46219-7228 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5 <b>Transaction ID: SA11A1.57150</b> Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

<b>B.</b> Full Name (Last, First, Middle Initial) R Russell Mailing Address 13 WELLS AVE City BUFFALO State NY Zip Code 14227-1413 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5 <b>Transaction ID: SA11A1.57979</b> Amount of Each Receipt this Period 50.00
Name of Employer AMERICAN AXLE & MFG INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

<b>C.</b> Full Name (Last, First, Middle Initial) R Russell Mailing Address 13 WELLS AVE City BUFFALO State NY Zip Code 14227-1413 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 <b>Transaction ID: SA11A1.60339</b> Amount of Each Receipt this Period 50.00
Name of Employer AMERICAN AXLE & MFG INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 423  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH RYPKOWSKI**

Mailing Address **2114 WOODCLIFF DRIVE**

City **SMYRNA** State **TN** Zip Code **37167**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 20 / 2005**

**Transaction ID: SA11A1.55659**

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)  
**SHANE SACK**

Mailing Address **6110 GRAND BLANC RD**

City **SWARTZ CREEK** State **MI** Zip Code **48473-9442**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LEAR CORP** Occupation **FACTORY WORKER**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 13 / 2005**

**Transaction ID: SA11A1.61962**

Amount of Each Receipt this Period  
**230.00**

**C.** Full Name (Last, First, Middle Initial)  
**SHANE SACK**

Mailing Address **6110 GRAND BLANC RD**

City **SWARTZ CREEK** State **MI** Zip Code **48473-9442**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LEAR CORP** Occupation **FACTORY WORKER**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 15 / 2005**

**Transaction ID: SA11A1.62077**

Amount of Each Receipt this Period  
**5.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. E Salas</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 925 COLBI HILL CT		<b>Transaction ID: SA11A1.49013</b>
City ARLINGTON	State TX	Zip Code 76014-2936
Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) <b>B. FELIPE E SANCHEZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 721 GLENCREEK DR.		<b>Transaction ID: SA11A1.60933</b>
City TRACY	State CA	Zip Code 95377-8224
Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) <b>C. PAUL C SANDERS</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 26433 RIALTO ST		<b>Transaction ID: SA11A1.54428</b>
City MADISON HEIGHTS	State MI	Zip Code 48071-3766
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) PAUL C SANDERS		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 26433 RIALTO ST		<b>Transaction ID:</b> SA11A1.49220
City MADISON HEIGHTS	State MI	Zip Code 48071-3766
Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) PAUL C SANDERS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 26433 RIALTO ST		<b>Transaction ID:</b> SA11A1.50626
City MADISON HEIGHTS	State MI	Zip Code 48071-3766
Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>C.</b> Full Name (Last, First, Middle Initial) PAUL C SANDERS		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 26433 RIALTO ST		<b>Transaction ID:</b> SA11A1.56813
City MADISON HEIGHTS	State MI	Zip Code 48071-3766
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JESSE SANTOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 13469 FULLER ROAD		<b>Transaction ID: SA11A1.59738</b>
City DEFIANCE	State OH	Zip Code 43512
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.85
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77	

Full Name (Last, First, Middle Initial) <b>B. JESSE SANTOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 13469 FULLER ROAD		<b>Transaction ID: SA11A1.58553</b>
City DEFIANCE	State OH	Zip Code 43512
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.08
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85	

Full Name (Last, First, Middle Initial) <b>C. JOHNNY SCARBORO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 5
Mailing Address P.O. BOX 34		<b>Transaction ID: SA11A1.58087</b>
City GOTHA	State FL	Zip Code 34734
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>351.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. J Scarlett</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1115 APPLETON DR		<b>Transaction ID: SA11A1.52153</b>	
City MANSFIELD      State TX      Zip Code 76063-3304	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>B. BRADLEY R SCHWANDA</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 2009 E FOREST HILL AVENUE		<b>Transaction ID: SA11A1.61232</b>	
City OAK CREEK      State WI      Zip Code 53154-3123	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.25		

Full Name (Last, First, Middle Initial) <b>C. BRADLEY R SCHWANDA</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 2009 E FOREST HILL AVENUE		<b>Transaction ID: SA11A1.55378</b>	
City OAK CREEK      State WI      Zip Code 53154-3123	Amount of Each Receipt this Period 8.75		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	93.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BRADLEY R SCHWANDA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 2009 E FOREST HILL AVENUE		<b>Transaction ID: SA11A1.57693</b>
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 8.75	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.75	

Full Name (Last, First, Middle Initial) <b>B. BRADLEY R SCHWANDA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 2009 E FOREST HILL AVENUE		<b>Transaction ID: SA11A1.51638</b>
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 8.75	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50	

Full Name (Last, First, Middle Initial) <b>C. BRADLEY R SCHWANDA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 2009 E FOREST HILL AVENUE		<b>Transaction ID: SA11A1.50364</b>
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 8.75	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	26.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 238 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
DALLAS SCOTT

Mailing Address M230 COUNTY ROAD 10

City State Zip Code  
NAPOLEON OH 43545-7893

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 ▼ 207.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.53567

Amount of Each Receipt this Period  
28.85

**B.** Full Name (Last, First, Middle Initial)  
LARRY SCOTT

Mailing Address 211 ELLIOTT COURT

City State Zip Code  
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.60279

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
LARRY SCOTT

Mailing Address 211 ELLIOTT COURT

City State Zip Code  
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.59081

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	128.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
NED SCOTT

Mailing Address 25146 CLIFFROSE STREET

City State Zip Code  
CORONA AREA CA 92883

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 5

**Transaction ID:** SA11A1.55580

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
STANLEY W SEABERT

Mailing Address 14 E ELM ST

City State Zip Code  
FOREST OH 45843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OCCIDENTAL PETROLEUM CORP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 5

**Transaction ID:** SA11A1.60787

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DEBRA M SEABRIDGE

Mailing Address 4949 S BROAD ST

City State Zip Code  
TRENTON NJ 08620-2211

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 2 / 2 0 / 2 0 0 5

**Transaction ID:** SA11A1.53394

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **590.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
ERIC M SEGARS

Mailing Address 526 COUNTRY RD 1506

City State Zip Code  
CULLMAN AL 35058-0730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRECISION STANDARD INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.57050

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
TERRY L SELL

Mailing Address 1558 OAKDALE DR.

City State Zip Code  
POTTSTOWN PA 19464-2758

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.60576

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
LAWRENCE E SENYARD JR

Mailing Address 1710 FLORISSANT PARK DR

City State Zip Code  
FLORISSANT MO 63031-3253

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 ▼ 268.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.52815

Amount of Each Receipt this Period  
33.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 118.50

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LAWRENCE E SENYARD JR</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 1710 FLORISSANT PARK DR		<b>Transaction ID: SA11A1.61153</b>	
City State Zip Code FLORISSANT MO 63031-3253		Amount of Each Receipt this Period 33.50	
FEC ID number of contributing federal political committee. C			
Name of Employer 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 ▼ 301.50	

Full Name (Last, First, Middle Initial) <b>B. S SERMENO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address PO BOX 310		<b>Transaction ID: SA11A1.62081</b>	
City State Zip Code BLACK ROCK AR 72415-0310		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES SETTLES</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005	
Mailing Address 18817 BRETTON DRIVE		<b>Transaction ID: SA11A1.61583</b>	
City State Zip Code DETROIT MI 48223-1336		Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	553.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 / 423		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JAMES SETTLES</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address <b>18817 BRETTON DRIVE</b>		<b>Transaction ID: SA11A1.53346</b>	
City <b>DETROIT</b>	State <b>MI</b>	Zip Code <b>48223-1336</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>B. BOBBY SEXTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address <b>709 ASKIN</b>		<b>Transaction ID: SA11A1.55887</b>	
City <b>MAUMEE</b>	State <b>OH</b>	Zip Code <b>43537</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>TECUMSEH PRODUCTS CO</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. DANIEL P SHANAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address <b>1457 DANGELO DR</b>		<b>Transaction ID: SA11A1.59845</b>	
City <b>NORTH TONAWANDA</b>	State <b>NY</b>	Zip Code <b>14120-3071</b>	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 243 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. DANIEL P SHANAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2005
Mailing Address 1457 DANGELO DR		<b>Transaction ID: SA11A1.58669</b>
City State Zip Code NORTH TONAWANDA NY 14120-3071	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. DANIEL P SHANAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 1457 DANGELO DR		<b>Transaction ID: SA11A1.59846</b>
City State Zip Code NORTH TONAWANDA NY 14120-3071	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>C. DANIEL P SHANAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 1457 DANGELO DR		<b>Transaction ID: SA11A1.61043</b>
City State Zip Code NORTH TONAWANDA NY 14120-3071	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. RALPH SHEARN, JR.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 118 NORTH MONROE ST.		<b>Transaction ID: SA11A1.57276</b>	
City <b>FREMONT</b>	State <b>OH</b>	Zip Code <b>43420</b>	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>UAW LOCAL UNION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50		

Full Name (Last, First, Middle Initial) <b>B. RALPH SHEARN, JR.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 118 NORTH MONROE ST.		<b>Transaction ID: SA11A1.52414</b>	
City <b>FREMONT</b>	State <b>OH</b>	Zip Code <b>43420</b>	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>UAW LOCAL UNION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. GREG A SHERROW</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 132 FOREST CT		<b>Transaction ID: SA11A1.59462</b>	
City <b>DEFIANCE</b>	State <b>OH</b>	Zip Code <b>43512-3312</b>	Amount of Each Receipt this Period 23.08
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>METAL MANAGEMENT, INC</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 245 / 423						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. TIM SHULL</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address <b>511 MORRISON</b>		<b>Transaction ID: SA11A1.54654</b>	
City State Zip Code <b>FREMONT OH 43420</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>NHK SPRING COMPANY LTD</b>		Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL SIDERS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address <b>7107 WOLF AVENUE</b>		<b>Transaction ID: SA11A1.61285</b>	
City State Zip Code <b>CLEVELAND OH 44129-2300</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ALCOA INC.</b>		Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL SIDERS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address <b>7107 WOLF AVENUE</b>		<b>Transaction ID: SA11A1.61286</b>	
City State Zip Code <b>CLEVELAND OH 44129-2300</b>		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ALCOA INC.</b>		Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) D Simmes Mailing Address 308 SANDERS RD City State Zip Code BUFFALO NY 14216-1454 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.61116 Amount of Each Receipt this Period 60.00
Name of Employer Occupation AMERICAN AXLE & MANUFACTURING FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00		

<b>B.</b> Full Name (Last, First, Middle Initial) TED A SIMPSON Mailing Address 37522 PALMER RD City State Zip Code WESTLAND MI 48186-3926 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.54687 Amount of Each Receipt this Period 50.00
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) TED A SIMPSON Mailing Address 37522 PALMER RD City State Zip Code WESTLAND MI 48186-3926 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.57070 Amount of Each Receipt this Period 50.00
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 247 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
TED A SIMPSON

Mailing Address 37522 PALMER RD

City State Zip Code  
WESTLAND MI 48186-3926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: SA11A1.52201

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MORRIS F SINGLETON

Mailing Address 3112 RIVERS BEND SOUTH

City State Zip Code  
BONNE TERRE MO 63628-3842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2005

Transaction ID: SA11A1.59543

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MORRIS F SINGLETON

Mailing Address 3112 RIVERS BEND SOUTH

City State Zip Code  
BONNE TERRE MO 63628-3842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 22 / 2005

Transaction ID: SA11A1.53649

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. KATHY SLUSHER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 5100 TIFFIN AVENUE		<b>Transaction ID: SA11A1.61493</b>	
City State Zip Code CASTALIA OH 44824-9431		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation VACATIONLAND FEDERAL CR UN TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. LEONARD E SMIGIELSKI</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1178 HERBERT J AVE		<b>Transaction ID: SA11A1.56818</b>	
City State Zip Code JACKSON MI 49202-1928		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C. ALVIN SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 390 WAGES ROAD		<b>Transaction ID: SA11A1.50780</b>	
City State Zip Code AUBURN GA 30011		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JAMES SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 2284 FAIRWAY		<b>Transaction ID: SA11A1.61780</b>	
City State Zip Code HIGH RIDGE MO 63049-3539		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. JERRI L SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 408 N DEERFIELD AVE		<b>Transaction ID: SA11A1.62103</b>	
City State Zip Code LANSING MI 48917-2986		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. JERRI L SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address 408 N DEERFIELD AVE		<b>Transaction ID: SA11A1.62002</b>	
City State Zip Code LANSING MI 48917-2986		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	335.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JERRI L SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 408 N DEERFIELD AVE		<b>Transaction ID: SA11A1.62068</b>	
City State Zip Code LANSING MI 48917-2986	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>B. JERRI L SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 408 N DEERFIELD AVE		<b>Transaction ID: SA11A1.62049</b>	
City State Zip Code LANSING MI 48917-2986	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C. LASKER SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2005	
Mailing Address 4157 11TH ST		<b>Transaction ID: SA11A1.61977</b>	
City State Zip Code ECORSE MI 48229-1220	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 E SMITH

Mailing Address 6972 STATE ROUTE 29

City State Zip Code  
MECHANICSBURG OH 43044-9712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.54582

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
RON D SMITH

Mailing Address 10820 MILL RD

City State Zip Code  
CINCINNATI OH 45240-3514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.53074

Amount of Each Receipt this Period  
24.00

**C.** Full Name (Last, First, Middle Initial)  
STEVE ALLEN SMITH

Mailing Address 4009 CARPENTER RD

City State Zip Code  
DEFIANCE OH 43512-9697

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
METAL MANAGEMENT, INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.53212

Amount of Each Receipt this Period  
28.85

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	87.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. STEVE ALLEN SMITH</b>		Date of Receipt MM / DD / YYYY 12 / 02 / 2005
Mailing Address 4009 CARPENTER RD		<b>Transaction ID: SA11A1.55676</b>
City DEFIANCE	State OH	Zip Code 43512-9697
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.08
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85	

Full Name (Last, First, Middle Initial) <b>B. W Smith</b>		Date of Receipt MM / DD / YYYY 10 / 18 / 2005
Mailing Address 6877 SOUTHMAYD RD		<b>Transaction ID: SA11A1.50104</b>
City COLLINSVILLE	State TX	Zip Code 76233-3167
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT M SMOTHERMAN</b>		Date of Receipt MM / DD / YYYY 12 / 06 / 2005
Mailing Address 937 FAIRFIELD AVE		<b>Transaction ID: SA11A1.52098</b>
City TEMPERANCE	State MI	Zip Code 48182-9276
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 305.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>383.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. FRANCIS SNELL</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 19101 SCOTT ROAD		<b>Transaction ID: SA11A1.60560</b>	
City State Zip Code <b>HOLT MO 64048-8776</b>	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. ARTHUR S SNOW</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 398 W APPLE ALY		<b>Transaction ID: SA11A1.50071</b>	
City State Zip Code <b>MOORESVILLE IN 46158-6918</b>	Amount of Each Receipt this Period 36.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>C. RYAN SNYDER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 1003 WAYNE AVE		<b>Transaction ID: SA11A1.56461</b>	
City State Zip Code <b>DEFIANCE OH 43512</b>	Amount of Each Receipt this Period 28.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>METAL MANAGEMENT, INC</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	364.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. RYAN SNYDER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1003 WAYNE AVE		<b>Transaction ID: SA11A1.48794</b>	
City State Zip Code DEFIANCE OH 43512	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85		

Full Name (Last, First, Middle Initial) <b>B. DONALD L SOBAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 210 MERRIMAN RD		<b>Transaction ID: SA11A1.52839</b>	
City State Zip Code GARDEN CITY MI 48135-1300	Amount of Each Receipt this Period 110.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00		

Full Name (Last, First, Middle Initial) <b>C. DONALD L SOBAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address 210 MERRIMAN RD		<b>Transaction ID: SA11A1.60000</b>	
City State Zip Code GARDEN CITY MI 48135-1300	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	353.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 255 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DONALD L SOBAS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 210 MERRIMAN RD		<b>Transaction ID: SA11A1.55315</b>	
City GARDEN CITY	State MI	Amount of Each Receipt this Period 220.00	
Zip Code 48135-1300		Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00	
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 ▼ 975.00		

Full Name (Last, First, Middle Initial) <b>B. DONALD L SOBAS</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 210 MERRIMAN RD		<b>Transaction ID: SA11A1.61186</b>	
City GARDEN CITY	State MI	Amount of Each Receipt this Period 110.00	
Zip Code 48135-1300		Amount of Each Receipt this Period 110.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00	
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 ▼ 1085.00		

Full Name (Last, First, Middle Initial) <b>C. GEORGE SOLANDER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2005	
Mailing Address PO BOX 597		<b>Transaction ID: SA11A1.49538</b>	
City FLAT ROCK	State OH	Amount of Each Receipt this Period 90.00	
Zip Code 44828-0597		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00	
Name of Employer BELLEVUE MFG CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	420.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. GEORGE SOLANDER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address PO BOX 597		<b>Transaction ID: SA11A1.60563</b>	
City State Zip Code FLAT ROCK OH 44828-0597		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation BELLEVUE MFG CO FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. JIMMIE SPATES</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 5305 NORTHFIELD RD APT 106		<b>Transaction ID: SA11A1.57419</b>	
City State Zip Code BEDFORD HEIGHTS OH 44146		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ALCOA INC. FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. JIMMIE SPATES</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 5305 NORTHFIELD RD APT 106		<b>Transaction ID: SA11A1.51268</b>	
City State Zip Code BEDFORD HEIGHTS OH 44146		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ALCOA INC. FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) R Stachura		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 237 HOLLY ST		<b>Transaction ID:</b> SA11A1.57130
City State Zip Code BUFFALO NY 14206-3221	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) C Stanley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 12390 FM 730 N		<b>Transaction ID:</b> SA11A1.56441
City State Zip Code AZLE TX 76020-5240	Amount of Each Receipt this Period 72.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JACQUILIA D STANTON		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 283 N PRAIRIE RD		<b>Transaction ID:</b> SA11A1.57578
City State Zip Code WARRENTON MO 63383-4335	Amount of Each Receipt this Period 84.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	216.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JACQUILIA D STANTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 283 N PRAIRIE RD		<b>Transaction ID: SA11A1.48753</b>
City WARRENTON	State MO	Zip Code 63383-4335
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL B STANTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 283 N PRAIRIE RD		<b>Transaction ID: SA11A1.58838</b>
City WARRENTON	State MO	Zip Code 63383-4335
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL B STANTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 283 N PRAIRIE RD		<b>Transaction ID: SA11A1.61184</b>
City WARRENTON	State MO	Zip Code 63383-4335
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	168.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DAVID L STAUCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 2665 LEWISBERRY RD		<b>Transaction ID: SA11A1.59831</b>	
City YORK State PA Zip Code 17404-1345	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer YORK INTERNATIONAL CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DAVID L STAUCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 5	
Mailing Address 2665 LEWISBERRY RD		<b>Transaction ID: SA11A1.61025</b>	
City YORK State PA Zip Code 17404-1345	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer YORK INTERNATIONAL CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DAVID L STAUCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 2665 LEWISBERRY RD		<b>Transaction ID: SA11A1.57510</b>	
City YORK State PA Zip Code 17404-1345	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer YORK INTERNATIONAL CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 310.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

**A.** Full Name (Last, First, Middle Initial)  
 DAVID L STAUCH

Mailing Address 2665 LEWISBERRY RD

City YORK State PA Zip Code 17404-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer YORK INTERNATIONAL CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

**Transaction ID: SA11A1.51389**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
 LARRY STEELE

Mailing Address 272 HERITAGE ROAD

City CHAMBERSBURG State PA Zip Code 17201

FEC ID number of contributing federal political committee. **C**

Name of Employer EXPRESS CONTAINER CORP Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 0 / 2 0 0 5

**Transaction ID: SA11A1.53460**

Amount of Each Receipt this Period  
 75.00

**C.** Full Name (Last, First, Middle Initial)  
 JAMES STEWART

Mailing Address 21733 MT AETNA RD

City HAGERSTOWN State MD Zip Code 21742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 5

**Transaction ID: SA11A1.51385**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DE STJOHN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 1506 IRON TRAIL W DR		<b>Transaction ID: SA11A1.54030</b>	
City State Zip Code INDIANAPOLIS IN 46234		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. GEORGE STOCKS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 3133 S.W. 45TH		<b>Transaction ID: SA11A1.51369</b>	
City State Zip Code OKLAHOMA CITY OK 73119-4406		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. GEORGE STOCKS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 3133 S.W. 45TH		<b>Transaction ID: SA11A1.55142</b>	
City State Zip Code OKLAHOMA CITY OK 73119-4406		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. MARK A STONER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2005	
Mailing Address 2415 ROSS STREET		<b>Transaction ID: SA11A1.47494</b>	
City NORTHWOOD      State OH      Zip Code 43619-1417	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B. MARK A STONER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2005	
Mailing Address 2415 ROSS STREET		<b>Transaction ID: SA11A1.47984</b>	
City NORTHWOOD      State OH      Zip Code 43619-1417	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C. MARK A STONER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2415 ROSS STREET		<b>Transaction ID: SA11A1.47495</b>	
City NORTHWOOD      State OH      Zip Code 43619-1417	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	20.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JIMMY D STOUFER SR</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address <b>315 E LONGFELLOW ST</b>		<b>Transaction ID: SA11A1.59855</b>
City <b>KANSAS CITY</b>	State <b>MO</b>	Zip Code <b>64119-1728</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

Full Name (Last, First, Middle Initial) <b>B. LINDA STRAUB</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address <b>316 OHIO ST.</b>		<b>Transaction ID: SA11A1.51192</b>
City <b>TOLEDO</b>	State <b>OH</b>	Zip Code <b>43611-3611</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer <b>TECUMSEH PRODUCTS CO</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID J STRICKLAND</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address <b>6413 SHERLOCK WAY</b>		<b>Transaction ID: SA11A1.55699</b>
City <b>LOUISVILLE</b>	State <b>KY</b>	Zip Code <b>40228-1111</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DAVID J STRICKLAND</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 6413 SHERLOCK WAY		<b>Transaction ID: SA11A1.60373</b>	
City State Zip Code LOUISVILLE KY 40228-1111	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. J Strowd</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2005	
Mailing Address 6881 ROBERTS LN		<b>Transaction ID: SA11A1.56443</b>	
City State Zip Code FORT WORTH TX 76140-8441	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>C. M M STUBBLEFIELD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 345 FLORAWOOD ST		<b>Transaction ID: SA11A1.52618</b>	
City State Zip Code WATERFORD MI 48327-2432	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ALLAN SUEMNICK</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2005
Mailing Address 33102 TRUMAN		<b>Transaction ID:</b> SA11A1.53822
City ROCKWOOD	State MI	Zip Code 48173-8602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 220.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. R D SUMMERS</b>		Date of Receipt MM / DD / YYYY 11 / 28 / 2005
Mailing Address 367 SHADOW HILL DR		<b>Transaction ID:</b> SA11A1.51635
City GREENWOOD	State IN	Zip Code 46142-8451
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. DONALD SWEGMAN JR</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 658 E STATE ROAD 28		<b>Transaction ID:</b> SA11A1.51198
City ALEXANDRIA	State IN	Zip Code 46001-8915
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 / 423		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
DONALD SWEGMAN JR

Mailing Address 658 E STATE ROAD 28

City State Zip Code  
ALEXANDRIA IN 46001-8915

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 ▼ 335.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2005

Transaction ID: SA11A1.48436

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
DONALD SWEGMAN JR

Mailing Address 658 E STATE ROAD 28

City State Zip Code  
ALEXANDRIA IN 46001-8915

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 ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

Transaction ID: SA11A1.53741

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
DONALD SWEGMAN JR

Mailing Address 658 E STATE ROAD 28

City State Zip Code  
ALEXANDRIA IN 46001-8915

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  
11 / 07 / 2005

Transaction ID: SA11A1.51199

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHERJ SZABO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address 4523 NEWBERRY ST		<b>Transaction ID: SA11A1.60697</b>	
City State Zip Code WAYNE MI 48184-2171	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHERJ SZABO</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 4523 NEWBERRY ST		<b>Transaction ID: SA11A1.49691</b>	
City State Zip Code WAYNE MI 48184-2171	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHERJ SZABO</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 4523 NEWBERRY ST		<b>Transaction ID: SA11A1.57173</b>	
City State Zip Code WAYNE MI 48184-2171	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JOHN C TASSINARI</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address 1319 BRUSHEY GROVE AVE		<b>Transaction ID: SA11A1.61789</b>
City State Zip Code WOOD RIVER MO 62095-1813	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN C TASSINARI</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1319 BRUSHEY GROVE AVE		<b>Transaction ID: SA11A1.49653</b>
City State Zip Code WOOD RIVER MO 62095-1813	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. CARLYN TATE</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 12750 CENTRALIA ST #84		<b>Transaction ID: SA11A1.50678</b>
City State Zip Code LAKEWOD CA 90715	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 269 / 423						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JAMES TATE</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	0	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	0	/	2	0	0	5													
Mailing Address <b>RFD 1 BOX 3640</b>		<b>Transaction ID: SA11A1.49536</b>																				
City <b>BEAN STATION</b>	State <b>TN</b>	Zip Code <b>37708-9745</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>150.00</b>																				
Name of Employer <b>LEAR SEATING</b>	Occupation <b>FACTORY WORKER</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>																					

Full Name (Last, First, Middle Initial) <b>B. DEBRA C TAYLOR</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	2	/	2	0	0	5													
Mailing Address <b>3829 EDGE HILL PL</b>		<b>Transaction ID: SA11A1.52542</b>																				
City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45229-1803</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>24.00</b>																				
Name of Employer <b>GENERAL ELECTRIC CO</b>	Occupation <b>FACTORY WORKER</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>204.00</b>																					

Full Name (Last, First, Middle Initial) <b>C. MARIE TAYLOR</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	2	2	/	2	0	0	5													
Mailing Address <b>1227 E 90TH STREET</b>		<b>Transaction ID: SA11A1.55365</b>																				
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90002</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>																				
Name of Employer	Occupation <b>RETIRED</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>474.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) KIM TEACHOUT Mailing Address 472 STATE RD City OTISVILLE State MI Zip Code 48463 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.52660 Amount of Each Receipt this Period 75.00
Name of Employer UAW LOCAL UNION 9699 Occupation LOCAL UNION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		

<b>B.</b> Full Name (Last, First, Middle Initial) M Tennant Mailing Address 42 DIXON DR City KENMORE State NY Zip Code 14223-1815 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.53653 Amount of Each Receipt this Period 30.00
Name of Employer AMERICAN AXLE & MANUFACTURING Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) G Tessmar Mailing Address PO BOX 211712 City BEDFORD State TX Zip Code 76095-8712 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.52152 Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JAMES L THOMAS JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 639 PROSPECT PL		<b>Transaction ID: SA11A1.48893</b>	
City State Zip Code CINCINNATI OH 45229-2991	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. ERIC THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 3334 DOUGLAS		<b>Transaction ID: SA11A1.54329</b>	
City State Zip Code TOLEDO OH 43606	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. KEVIN H THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 363 HERITAGE AVE		<b>Transaction ID: SA11A1.58608</b>	
City State Zip Code BOWLING GREEN KY 42104-0329	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	54.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. KEVIN H THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address <b>363 HERITAGE AVE</b>		<b>Transaction ID: SA11A1.58609</b>
City <b>BOWLING GREEN</b>	State <b>KY</b>	Zip Code <b>42104-0329</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B. KEVIN H THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address <b>363 HERITAGE AVE</b>		<b>Transaction ID: SA11A1.53874</b>
City <b>BOWLING GREEN</b>	State <b>KY</b>	Zip Code <b>42104-0329</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>C. KEVIN H THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address <b>363 HERITAGE AVE</b>		<b>Transaction ID: SA11A1.50061</b>
City <b>BOWLING GREEN</b>	State <b>KY</b>	Zip Code <b>42104-0329</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	25.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. HARRY H THOMPSON JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 314 S MADISON PARK TER		Transaction ID: SA11A1.49408
City State Zip Code PEORIA IL 61605-1673	Amount of Each Receipt this Period 710.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CATERPILLAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

Full Name (Last, First, Middle Initial) <b>B. CLAUDE E THORNTON</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 2504 OLDE CREEK CT		Transaction ID: SA11A1.49516
City State Zip Code LEAVENWORTH KS 66048	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. CLAUDE E THORNTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 2504 OLDE CREEK CT		Transaction ID: SA11A1.60542
City State Zip Code LEAVENWORTH KS 66048	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	760.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 / 423
	<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)  
CARL TILLERY

Mailing Address 2333 DRIFTWOOD APT 414

City State Zip Code  
MESQUITE TX 75150-6131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2005

Transaction ID: SA11A1.54223

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
FRED TINBERG

Mailing Address 13787 170TH ST.

City State Zip Code  
BONNER SPRINGS KS 66012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2005

Transaction ID: SA11A1.54020

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
JOE R TNER

Mailing Address 6836 FORTUNE RD.

City State Zip Code  
FT WORTH TX 76116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL MOTORS CORPORATION  
FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2005

Transaction ID: SA11A1.57971

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. JOE R TINER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address <b>6836 FORTUNE RD.</b>		<b>Transaction ID: SA11A1.60336</b>
City <b>FT WORTH</b>	State <b>TX</b>	Zip Code <b>76116</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. L Toland</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address <b>504 ANTHONY DR</b>		<b>Transaction ID: SA11A1.49529</b>
City <b>EULESS</b>	State <b>TX</b>	Zip Code <b>76039-2066</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer <b>VOUGHT AIRCRAFT COMPANY</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. ARTURO G TORRES</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address <b>22540 SANTA CLARA ST.</b>		<b>Transaction ID: SA11A1.57321</b>
City <b>HAYWARD</b>	State <b>CA</b>	Zip Code <b>94541-6234</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.00
Name of Employer <b>NEW UNITED MOTORS MFG</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	111.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

**A.** Full Name (Last, First, Middle Initial)  
MANUEL TREVINO

Mailing Address 1301 GREENCOVE DR

City State Zip Code  
GARLAND TX 75040-5869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.48918

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
JUDITH L TROESTLER

Mailing Address PO BOX 37534

City State Zip Code  
MILWAUKEE WI 53237

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 ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.50749

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
TERRY T TURNER

Mailing Address 6120 W 750 N

City State Zip Code  
MC CORDSVILLE IN 46055-9705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.57987

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. TERRY T TURNER</b>		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 6120 W 750 N		<b>Transaction ID: SA11A1.55678</b>
City <b>MC CORDSVILLE</b>	State <b>IN</b>	Zip Code <b>46055-9705</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer <b>NAVISTAR INTERNATIONAL CO- RP</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. LINDA TURVEY</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2005
Mailing Address 3715 HAZELHURST AVE		<b>Transaction ID: SA11A1.61678</b>
City <b>TOLEDO</b>	State <b>OH</b>	Zip Code <b>43612-1022</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer <b>JOHNSON CONTROLS</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. KELLY UNTNEKER</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2005
Mailing Address 201 FIELDER LN		<b>Transaction ID: SA11A1.58652</b>
City <b>FENTON</b>	State <b>MO</b>	Zip Code <b>63026-5508</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer <b>LEAR CORPORATION</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BRENDA UPCHURCH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2005
Mailing Address 4040 N 267		Transaction ID: SA11A1.54121
City State Zip Code BROWNSBURG IN 46112-9708	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. SHERMAN G UPCHURCH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 3600 E LILAC LN		Transaction ID: SA11A1.55114
City State Zip Code MUNCIE IN 47302-5734	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. SHERMAN G UPCHURCH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 3600 E LILAC LN		Transaction ID: SA11A1.55115
City State Zip Code MUNCIE IN 47302-5734	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	315.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. SHERMAN G UPCHURCH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 3600 E LILAC LN		<b>Transaction ID: SA11A1.57474</b>	
City <b>MUNCIE</b>	State <b>IN</b>	Zip Code <b>47302-5734</b>	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL MOTORS CORPORATION</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. R VILLASENOR</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address 12703 CROSSDALE		<b>Transaction ID: SA11A1.54653</b>	
City <b>NORWALK</b>	State <b>CA</b>	Zip Code <b>90650</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.00		

Full Name (Last, First, Middle Initial) <b>C. R VILLASENOR</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2005	
Mailing Address 12703 CROSSDALE		<b>Transaction ID: SA11A1.55877</b>	
City <b>NORWALK</b>	State <b>CA</b>	Zip Code <b>90650</b>	Amount of Each Receipt this Period 4.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	309.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 / 423
	<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)  
**R A VINING**

Mailing Address **4531 YOUNG AVE**

City **INDIANAPOLIS** State **IN** Zip Code **46201-4745**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NAVISTAR INTERNATIONAL CO-RP** Occupation **FACTORY WORKER**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 28 / 2005**

**Transaction ID: SA11A1.51196**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**HARRY L VONDERHAAR**

Mailing Address **924 WARREN ST**

City **DEFIANCE** State **OH** Zip Code **43512-2058**

FEC ID number of contributing federal political committee. **C**

Name of Employer **METAL MANAGEMENT, INC** Occupation **FACTORY WORKER**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **207.36**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 17 / 2005**

**Transaction ID: SA11A1.56962**

Amount of Each Receipt this Period  
**28.80**

**C.** Full Name (Last, First, Middle Initial)  
**HARRY L VONDERHAAR**

Mailing Address **924 WARREN ST**

City **DEFIANCE** State **OH** Zip Code **43512-2058**

FEC ID number of contributing federal political committee. **C**

Name of Employer **METAL MANAGEMENT, INC** Occupation **FACTORY WORKER**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 02 / 2005**

**Transaction ID: SA11A1.61586**

Amount of Each Receipt this Period  
**23.04**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>76.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. KIP G VORE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 2872 W BOGGSTOWN RD		Transaction ID: SA11A1.54126	
City State Zip Code SHELBYVILLE IN 46176-8924	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. ROGER C WADE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 2209 HARRISON AVE		Transaction ID: SA11A1.61915	
City State Zip Code MUSKEGON MI 49441-1325	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DANA CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. ELLEN N WALLACE</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 18 BOND ST.		Transaction ID: SA11A1.53919	
City State Zip Code SOMERVILLE MA 02145-1507	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LEGAL SERVICES FOR NEW YO- RK	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	410.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ELLEN N WALLACE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 18 BOND ST.		Transaction ID: SA11A1.56351	
City SOMERVILLE	State MA	Amount of Each Receipt this Period 20.00	
Zip Code 02145-1507		FEC ID number of contributing federal political committee. C	
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	Aggregate Year-to-Date ▼ 305.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ELLEN N WALLACE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 18 BOND ST.		Transaction ID: SA11A1.51378	
City SOMERVILLE	State MA	Amount of Each Receipt this Period 20.00	
Zip Code 02145-1507		FEC ID number of contributing federal political committee. C	
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER WALLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 49 VINCENT ST.		Transaction ID: SA11A1.46939	
City DAYTON	State OH	Amount of Each Receipt this Period 24.00	
Zip Code 45405-4234		FEC ID number of contributing federal political committee. C	
Name of Employer FULLER (H.B.) COMPANY	Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 204.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	64.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LAWRENCE E WALTER JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 809 W. MAIN ST.		<b>Transaction ID: SA11A1.52080</b>	
City State Zip Code NAPOLEON OH 43545		Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.77	

Full Name (Last, First, Middle Initial) <b>B. LAWRENCE E WALTER JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 809 W. MAIN ST.		<b>Transaction ID: SA11A1.59272</b>	
City State Zip Code NAPOLEON OH 43545		Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.85	

Full Name (Last, First, Middle Initial) <b>C. JAMES WARD</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5	
Mailing Address 4648 CANE LANE		<b>Transaction ID: SA11A1.53084</b>	
City State Zip Code URBANA OH 43078		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MOYNO IND FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	351.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. R Ward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 6302 WILLOW SPRINGS DR		Transaction ID: SA11A1.57248
City ARLINGTON State TX Zip Code 76001-5107	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. Mark Warshaw		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address 1301 28TH ST		Transaction ID: SA11A1.55776
City SAN DIEGO State CA Zip Code 92102	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) C. Mark Warshaw		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5
Mailing Address 1301 28TH ST		Transaction ID: SA11A1.53344
City SAN DIEGO State CA Zip Code 92102	Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	172.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. Mark Warshaw</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address 1301 28TH ST		<b>Transaction ID: SA11A1.49406</b>	
City State Zip Code SAN DIEGO CA 92102	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. JOHN WASHINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 105 S. BROAD STREET		<b>Transaction ID: SA11A1.51726</b>	
City State Zip Code PENNS GROVE NJ 08069	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN WASHINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2005	
Mailing Address 105 S. BROAD STREET		<b>Transaction ID: SA11A1.51727</b>	
City State Zip Code PENNS GROVE NJ 08069	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JASON WATERS</b>		Date of Receipt MM / DD / YYYY 12 / 06 / 2005
Mailing Address 878 GENEVA AVENUE		<b>Transaction ID:</b> SA11A1.60458
City TOLEDO	State OH	Zip Code 43609-3038
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. W Watson Jr</b>		Date of Receipt MM / DD / YYYY 10 / 18 / 2005
Mailing Address 521 KELLEY CT		<b>Transaction ID:</b> SA11A1.60936
City FORT WORTH	State TX	Zip Code 76120-1701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.00	

Full Name (Last, First, Middle Initial) <b>C. CAROLE A WAWRZYNIAK</b>		Date of Receipt MM / DD / YYYY 08 / 25 / 2005
Mailing Address 23275 CARTER RD		<b>Transaction ID:</b> SA11A1.61791
City BOWLING GREEN	State OH	Zip Code 43402-9299
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. D Webster</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005
Mailing Address <b>6625 JARCARANDA</b>		<b>Transaction ID: SA11A1.51620</b>
City <b>SCOTTS</b>	State <b>MI</b>	Zip Code <b>49088</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer <b>AMERICAN AXLE &amp; MFG INC</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. D Webster</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005
Mailing Address <b>6625 JARCARANDA</b>		<b>Transaction ID: SA11A1.56558</b>
City <b>SCOTTS</b>	State <b>MI</b>	Zip Code <b>49088</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.00
Name of Employer <b>AMERICAN AXLE &amp; MFG INC</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) <b>C. RUDY L WELCH</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2005
Mailing Address <b>2830 HERITAGE COLONY DRIVE</b>		<b>Transaction ID: SA11A1.57311</b>
City <b>WEBSTER</b>	State <b>TX</b>	Zip Code <b>77598-3305</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 6.50
Name of Employer <b>PHILADELPHIA GEAR</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	311.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) PAUL WERNERT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 7813 EDGE WAY APT. H		<b>Transaction ID:</b> SA11A1.57427
City State Zip Code SYLVANIA OH 43560-9351	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NHK SPRING COMPANY LTD	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DUKE WHEELER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 3760 HICKORY VIEW DRIVE		<b>Transaction ID:</b> SA11A1.60064
City State Zip Code HAMILTON OH 45011-6526	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

<b>C.</b> Full Name (Last, First, Middle Initial) CHARLES W WHITE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 70 SCOTLAND BLVD		<b>Transaction ID:</b> SA11A1.53778
City State Zip Code MANSFIELD OH 44906-2237	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CHARLES W WHITE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 70 SCOTLAND BLVD		<b>Transaction ID: SA11A1.56188</b>	
City MANSFIELD      State OH      Zip Code 44906-2237	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. CHARLES W WHITE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 70 SCOTLAND BLVD		<b>Transaction ID: SA11A1.58033</b>	
City MANSFIELD      State OH      Zip Code 44906-2237	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. D White</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 825 E PLEASANT RUN 7103		<b>Transaction ID: SA11A1.57767</b>	
City DE SOTO      State TX      Zip Code 75115	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. DAVID H WILCOX</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 1861 N ARBOR WAY DR APT 20		<b>Transaction ID: SA11A1.57170</b>
City State Zip Code CANTON MI 48188-1856	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID H WILCOX</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 1861 N ARBOR WAY DR APT 20		<b>Transaction ID: SA11A1.60692</b>
City State Zip Code CANTON MI 48188-1856	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. DONALD B WILLEY</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2005
Mailing Address 6809 W CO RD 900 N		<b>Transaction ID: SA11A1.54128</b>
City State Zip Code FOUNTAINTOWN IN 46130	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 / 423
	<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)  
DONALD B WILLEY

Mailing Address 6809 W CO RD 900 N

City State Zip Code  
FOUNTAIN TOWN IN 46130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.50358

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
DENNIS WILLIAMS

Mailing Address P O BOX 15265

City State Zip Code  
CINCINNATI OH 45215-0265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.61564

Amount of Each Receipt this Period  
24.00

**C.** Full Name (Last, First, Middle Initial)  
EDGAR A WILLIAMS

Mailing Address 2178 OESPER AVE

City State Zip Code  
CINCINNATI OH 45207-1314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.61862

Amount of Each Receipt this Period  
24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **73.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) ELLEN WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 139 LINKS LANE		<b>Transaction ID:</b> SA11A1.61127
City WATERLOO	State IL	Zip Code 62298
FEC ID number of contributing federal political committee. <b>C</b>		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>B.</b> Full Name (Last, First, Middle Initial) GERALD C WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 1008 PALMERA DR N		<b>Transaction ID:</b> SA11A1.58376
City LA FERIA	State TX	Zip Code 78559-6234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.50	

<b>C.</b> Full Name (Last, First, Middle Initial) GERALD C WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1008 PALMERA DR N		<b>Transaction ID:</b> SA11A1.57235
City LA FERIA	State TX	Zip Code 78559-6234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 8.50
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 ▼ 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	608.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 293 / 423
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

<b>A.</b> Full Name (Last, First, Middle Initial) K Williams Mailing Address 5614 MILLINGTON TRL City ARLINGTON State TX Zip Code 76017-1990 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.52289 Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL H WILLIAMS Mailing Address 11250 ROBIN MDWS City FREELAND State MI Zip Code 48623-8413 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.52263 Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL H WILLIAMS Mailing Address 11250 ROBIN MDWS City FREELAND State MI Zip Code 48623-8413 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.58265 Amount of Each Receipt this Period 30.00
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ROBERT E WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 4260 E 42ND ST		<b>Transaction ID: SA11A1.57883</b>	
City INDIANAPOLIS	State IN	Zip Code 46226-4457	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. ROBIN WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 949 FRIES		<b>Transaction ID: SA11A1.50792</b>	
City TOLEDO	State OH	Zip Code 43609-1013	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. ROBIN WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 949 FRIES		<b>Transaction ID: SA11A1.49404</b>	
City TOLEDO	State OH	Zip Code 43609-1013	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ROBIN WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 949 FRIES		<b>Transaction ID: SA11A1.60456</b>	
City State Zip Code TOLEDO OH 43609-1013		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. ROBIN WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 949 FRIES		<b>Transaction ID: SA11A1.53342</b>	
City State Zip Code TOLEDO OH 43609-1013		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. ROBIN WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 949 FRIES		<b>Transaction ID: SA11A1.59267</b>	
City State Zip Code TOLEDO OH 43609-1013		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. SAMUEL WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address 5127 UPPER MOUNTAIN ROAD		<b>Transaction ID: SA11A1.61226</b>
City LOCKPORT	State NY	Zip Code 14094-9605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

Full Name (Last, First, Middle Initial) <b>B. SAMUEL WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2005
Mailing Address 5127 UPPER MOUNTAIN ROAD		<b>Transaction ID: SA11A1.48919</b>
City LOCKPORT	State NY	Zip Code 14094-9605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 607.00	

Full Name (Last, First, Middle Initial) <b>C. SAMUEL WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2005
Mailing Address 5127 UPPER MOUNTAIN ROAD		<b>Transaction ID: SA11A1.57684</b>
City LOCKPORT	State NY	Zip Code 14094-9605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 632.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. SAMUEL WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 5127 UPPER MOUNTAIN ROAD		<b>Transaction ID: SA11A1.57685</b>
City State Zip Code LOCKPORT NY 14094-9605	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 657.00	

Full Name (Last, First, Middle Initial) <b>B. SAMUEL WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 5127 UPPER MOUNTAIN ROAD		<b>Transaction ID: SA11A1.56567</b>
City State Zip Code LOCKPORT NY 14094-9605	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 682.00	

Full Name (Last, First, Middle Initial) <b>C. SAMUEL WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 5127 UPPER MOUNTAIN ROAD		<b>Transaction ID: SA11A1.58886</b>
City State Zip Code LOCKPORT NY 14094-9605	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. W J WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 139 LINKS LN		<b>Transaction ID: SA11A1.54212</b>	
City State Zip Code WATERLOO IL 62298-1588		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. W J WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 139 LINKS LN		<b>Transaction ID: SA11A1.56628</b>	
City State Zip Code WATERLOO IL 62298-1588		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIE WINNINGHAM</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 06 / 2005	
Mailing Address 430 CROTON DR.		<b>Transaction ID: SA11A1.55467</b>	
City State Zip Code TOLEDO OH 43607-2612		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer TECUMSEH PRODUCTS CO		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MARIA E WINTERS</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 6907 MONTFORT DR		<b>Transaction ID: SA11A1.58576</b>
City	State	Zip Code
CANTON	MI	48187-2702
FEC ID number of contributing federal political committee.	C	
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial) <b>B. MARIA E WINTERS</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2005
Mailing Address 6907 MONTFORT DR		<b>Transaction ID: SA11A1.50013</b>
City	State	Zip Code
CANTON	MI	48187-2702
FEC ID number of contributing federal political committee.	C	
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
		Amount of Each Receipt this Period 100.00

Full Name (Last, First, Middle Initial) <b>C. MARIA E WINTERS</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2005
Mailing Address 6907 MONTFORT DR		<b>Transaction ID: SA11A1.57452</b>
City	State	Zip Code
CANTON	MI	48187-2702
FEC ID number of contributing federal political committee.	C	
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 / 423
	<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)  
ALLEN WIREMAN

Mailing Address 102 SHORT BUEHRER RD

City ARCHBOLD State OH Zip Code 43502

FEC ID number of contributing federal political committee. **C**

Name of Employer METAL MANAGEMENT, INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.77

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.52886

Amount of Each Receipt this Period  
 28.85

**B.** Full Name (Last, First, Middle Initial)  
ALLEN WIREMAN

Mailing Address 102 SHORT BUEHRER RD

City ARCHBOLD State OH Zip Code 43502

FEC ID number of contributing federal political committee. **C**

Name of Employer METAL MANAGEMENT, INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.85

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.48917

Amount of Each Receipt this Period  
 23.08

**C.** Full Name (Last, First, Middle Initial)  
C H WISE JR

Mailing Address 435 SOUTHMOOR CIR

City STOCKBRIDGE State GA Zip Code 30281-4973

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.49452

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>151.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. C H WISE JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 435 SOUTHMOOR CIR		<b>Transaction ID: SA11A1.58134</b>	
City STOCKBRIDGE	State GA	Zip Code 30281-4973	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. RICK L WITT</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 3010 CHIEF TURTLE CT		<b>Transaction ID: SA11A1.56826</b>	
City HUNTINGTON	State IN	Zip Code 46750-4127	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. CLEM P WITTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 7001 LAKESHORE DR		<b>Transaction ID: SA11A1.54455</b>	
City RAYTOWN	State MO	Zip Code 64133-6156	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CLEM P WITTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 7001 LAKESHORE DR		<b>Transaction ID: SA11A1.54456</b>	
City RAYTOWN	State MO	Zip Code 64133-6156	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. PAUL E WOLFF</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 109 SHELBY CT		<b>Transaction ID: SA11A1.61123</b>	
City WINCHESTER	State VA	Zip Code 22602-4447	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. JAMES WOODALL</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 536 SADDLEHORN DRIVE		<b>Transaction ID: SA11A1.52662</b>	
City CHESAPEAKE	State VA	Zip Code 23322	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JANE WOOTTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2606 WYNDALE ROAD		<b>Transaction ID: SA11A1.54222</b>
City State Zip Code TOLEDO OH 43613-3237		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>B. JANE WOOTTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 2606 WYNDALE ROAD		<b>Transaction ID: SA11A1.55464</b>
City State Zip Code TOLEDO OH 43613-3237		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. KENNETH WORLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5
Mailing Address 10337 AIKINSVILLE RD.		<b>Transaction ID: SA11A1.52556</b>
City State Zip Code FORTUNA MO 65034		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 / 423
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. C Wright</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address NO ADDRESS		Transaction ID: SA11A1.59349
City GRAND PRAIRIE	State TX	Zip Code 75052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. LARRY WYSE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 511 SYCAMORE DRIVE		Transaction ID: SA11A1.55368
City RICHMOND	State MO	Zip Code 64085-1365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT T YEAGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 1146 SOUTHEAST AVE		Transaction ID: SA11A1.61788
City OAK PARK	State IL	Zip Code 60304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	445.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. ROBERT T YEAGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 1146 SOUTHEAST AVE		<b>Transaction ID: SA11A1.58290</b>
City State Zip Code OAK PARK IL 60304	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT T YEAGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1146 SOUTHEAST AVE		<b>Transaction ID: SA11A1.55977</b>
City State Zip Code OAK PARK IL 60304	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT T YEAGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 1146 SOUTHEAST AVE		<b>Transaction ID: SA11A1.57136</b>
City State Zip Code OAK PARK IL 60304	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 / 423
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. V Young</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 3559 GLEN FIELD CT APT 272		<b>Transaction ID: SA11A1.57247</b>	
City State Zip Code ARLINGTON TX 76015-3459	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>B. RICHARD YUNGHANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 15075 E 1810 RD		<b>Transaction ID: SA11A1.57506</b>	
City State Zip Code STOCKTON MO 65785	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. ANDREW ZIEMKIEWICZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 3152 WALDMAR ROAD		<b>Transaction ID: SA11A1.54224</b>	
City State Zip Code TOLEDO OH 43615	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer JOHNSON CONTROLS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	660.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	72465.93

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 307 / 423
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
**UAW ILLINOIS POLITICAL ACTION COMMITTEE**

Mailing Address **2700 S, RIVER ROAD #200**

City **DES PLAINES** State **IL** Zip Code **60018**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**150000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	5

**Transaction ID: SA12.62156**

Amount of Each Receipt this Period  
**150000.00**

**ERRONEOUS DEPOSIT CORRECTED 9/29/05**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>150000.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 / 423
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2005 <b>Transaction ID:</b> SA17.62130 Amount of Each Receipt this Period 3559.13 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 27907.58	

<b>B.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2005 <b>Transaction ID:</b> SA17.62136 Amount of Each Receipt this Period 39.22 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 27946.80	

<b>C.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2005 <b>Transaction ID:</b> SA17.62143 Amount of Each Receipt this Period 885.28 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 28832.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>4483.63</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 / 423
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) Bank One		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005	
Mailing Address PO Box 206A		Transaction ID: SA17.62131	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 4289.77
FEC ID number of contributing federal political committee. C		Interest on checking	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33121.85		

Full Name (Last, First, Middle Initial) Bank One		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005	
Mailing Address PO Box 206A		Transaction ID: SA17.62137	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 44.65
FEC ID number of contributing federal political committee. C		Interest on checking	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33166.50		

Full Name (Last, First, Middle Initial) Bank One		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005	
Mailing Address PO Box 206A		Transaction ID: SA17.62144	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 1146.04
FEC ID number of contributing federal political committee. C		Interest on checking	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 34312.54		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5480.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 / 423
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Full Name (Last, First, Middle Initial) <b>A. Bank One</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address PO Box 206A		<b>Transaction ID: SA17.62132</b>	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 4073.43		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 38385.97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Bank One</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address PO Box 206A		<b>Transaction ID: SA17.62138</b>	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 40.61		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 38426.58		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Bank One</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address PO Box 206A		<b>Transaction ID: SA17.62145</b>	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 1075.17		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 39501.75		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5189.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 / 423
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> SA17.62133 Amount of Each Receipt this Period 4546.60 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 44048.35		

<b>B.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> SA17.62139 Amount of Each Receipt this Period 41.99 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 44090.34		

<b>C.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> SA17.62146 Amount of Each Receipt this Period 1157.29 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 45247.63		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5745.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 / 423
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

<b>A.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: SA17.62134</b> Amount of Each Receipt this Period 4444.31 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 49691.94	

<b>B.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: SA17.62141</b> Amount of Each Receipt this Period 40.65 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 49732.59	

<b>C.</b> Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: SA17.62147</b> Amount of Each Receipt this Period 1022.75 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50755.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5507.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 423  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A.</b> Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address PO Box 206A		<b>Transaction ID:</b> SA17.62135
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 4372.90	
FEC ID number of contributing federal political committee. <b>C</b>	Interest on checking	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 55128.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address PO Box 206A		<b>Transaction ID:</b> SA17.62142
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 40.67	
FEC ID number of contributing federal political committee. <b>C</b>	Interest on checking	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 55168.91	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address PO Box 206A		<b>Transaction ID:</b> SA17.62148
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 959.88	
FEC ID number of contributing federal political committee. <b>C</b>	Interest on checking	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 56128.79	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5373.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	31780.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 314 / 423

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ABC MAILING INC.</b>		<b>Transaction ID: SB21B.45809</b>	
Mailing Address 1725 E. 14 MILE SUITE 120		Date of Disbursement 09 / 08 / 2005	
City TROY	State MI	Zip Code 48083-4600	Amount of Each Disbursement this Period 4000.54
Purpose of Disbursement R1C V-CAP MAILING		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ABC MAILING INC.</b>		<b>Transaction ID: SB21B.45811</b>	
Mailing Address 1725 E. 14 MILE SUITE 120		Date of Disbursement 09 / 08 / 2005	
City TROY	State MI	Zip Code 48083-4600	Amount of Each Disbursement this Period 4713.74
Purpose of Disbursement R1A V-CAP MAILING		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ABC MAILING INC.</b>		<b>Transaction ID: SB21B.45822</b>	
Mailing Address 1725 E. 14 MILE SUITE 120		Date of Disbursement 10 / 27 / 2005	
City TROY	State MI	Zip Code 48083-4600	Amount of Each Disbursement this Period 2662.90
Purpose of Disbursement REG 5 V-CAP TICKETS INV# 15050		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11377.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 315 / 423

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. AMERICAN TIME MANUFACTURING, LTD.</b>		<b>Transaction ID:</b> SB21B.45805 Date of Disbursement
Mailing Address 1600 NORTH CLINTON AVE.		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City ROCHESTER	State NY	Zip Code 14621
Purpose of Disbursement R5 V-CAP INCENTIVE #0006620-IN		Amount of Each Disbursement this Period <input type="text" value="13104.95"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN TIME MANUFACTURING, LTD.</b>		<b>Transaction ID:</b> SB21B.46024 Date of Disbursement
Mailing Address 1600 NORTH CLINTON AVE.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City ROCHESTER	State NY	Zip Code 14621
Purpose of Disbursement R3 V-CAP INCENT-INV #6948-IN		Amount of Each Disbursement this Period <input type="text" value="1163.92"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank One</b>		<b>Transaction ID:</b> SB21B.45820 Date of Disbursement
Mailing Address PO Box 206A		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Detroit	State MI	Zip Code 48232
Purpose of Disbursement TX WD-LEONA SMITH 945 4TH QTR		Amount of Each Disbursement this Period <input type="text" value="835.15"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15104.02"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 316 / 423

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. Bank One</b>		Transaction ID: SB21B.46100	
Mailing Address PO Box 206A		Date of Disbursement 12 / 15 / 2005	
City Detroit	State MI	Zip Code 48232	Amount of Each Disbursement this Period 280.00
Purpose of Disbursement FED TAX WD/O HARRIS/945 4TH QT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CRANK'S</b>		Transaction ID: SB21B.45807	
Mailing Address 27900 HOOVER		Date of Disbursement 08 / 02 / 2005	
City WARREN	State MI	Zip Code 48093	Amount of Each Disbursement this Period 4250.00
Purpose of Disbursement R1A Inv#17688 Meeting Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CYRIEL VANKERSCHAEVER</b>		Transaction ID: SB21B.45838	
Mailing Address 8693 HEDGEWAY		Date of Disbursement 12 / 01 / 2005	
City SHELBY TWP	State MI	Zip Code 48317	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement REGION 1 PRIZE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5030.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 317 / 423

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DAN RODGERS SPORTING GOODS</b>		<b>Transaction ID:</b> SB21B.45808
Mailing Address 5340 MONROE STREET		Date of Disbursement MM / DD / YYYY 08 / 25 / 2005
City TOLEDO	State OH	Amount of Each Disbursement this Period 8043.75
Zip Code 43623		
Purpose of Disbursement 2B VCAP INCENTIVE INV #00032304		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DAN RODGERS SPORTING GOODS</b>		<b>Transaction ID:</b> SB21B.46229
Mailing Address 5340 MONROE STREET		Date of Disbursement MM / DD / YYYY 12 / 15 / 2005
City TOLEDO	State OH	Amount of Each Disbursement this Period 9607.50
Zip Code 43623		
Purpose of Disbursement R2B V-CAP INCENTIVE/INV #32586		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DAN RODGERS SPORTING GOODS</b>		<b>Transaction ID:</b> SB21B.46230
Mailing Address 5340 MONROE STREET		Date of Disbursement MM / DD / YYYY 12 / 15 / 2005
City TOLEDO	State OH	Amount of Each Disbursement this Period 3362.63
Zip Code 43623		
Purpose of Disbursement DIRECTOR'S CLUB V-CAP JACKETS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>21013.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DAVID CAJTHAML</b>		<b>Transaction ID: SB21B.45836</b> Date of Disbursement 12 / 01 / 2005
Mailing Address 872 LAKEWOOD DR.		Amount of Each Disbursement this Period 500.00
City LAKE ORION      State MI      Zip Code 48362		
Purpose of Disbursement REGION 1 PRIZE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRANK MUNOZ</b>		<b>Transaction ID: SB21B.45831</b> Date of Disbursement 12 / 01 / 2005
Mailing Address 37205 TRICIA DR.		Amount of Each Disbursement this Period 500.00
City STERLING HEIGHTS      State MI      Zip Code 48310		
Purpose of Disbursement REGION 1 PRIZE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRED HARIG</b>		<b>Transaction ID: SB21B.46005</b> Date of Disbursement 12 / 01 / 2005
Mailing Address 5881 WRIGHT DR.		Amount of Each Disbursement this Period 500.00
City TROY      State MI      Zip Code 48098		
Purpose of Disbursement REGION 1 PRIZE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. HARRIS ODDIE</b>		<b>Transaction ID:</b> SB21B.46032 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 316 A 1/2 WEBER		Amount of Each Disbursement this Period 1000.00
City TOLEDO State OH Zip Code 43516	Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HARRIS ODDIE</b>		<b>Transaction ID:</b> SB21B.46112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 316 A 1/2 WEBER		Amount of Each Disbursement this Period -280.00
City TOLEDO State OH Zip Code 43516	Purpose of Disbursement FEDERAL TAXES WITHHELD	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HINES CONNIE</b>		<b>Transaction ID:</b> SB21B.46036 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 439 MORROW RD. #183		Amount of Each Disbursement this Period 500.00
City S. LEBANON State OH Zip Code 45065	Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. IMPRESSIONS SPECIALITY ADVERTISING</b>		<b>Transaction ID:</b> SB21B.45806 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REG 1A INCENTIVE INV #81305		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2125.15"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. IMPRESSIONS SPECIALITY ADVERTISING</b>		<b>Transaction ID:</b> SB21B.45812 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REGION 1A INCENTIVE/INV #79427		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="18825.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. IMPRESSIONS SPECIALITY ADVERTISING</b>		<b>Transaction ID:</b> SB21B.45816 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REG 1A INCENTIVE/INV #81987		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1266.28"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="22216.43"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.45825																					
<b>A. IMPRESSIONS SPECIALITY ADVERTISING</b>		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE, INV. #82043		2095.57																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.45826																					
<b>B. IMPRESSIONS SPECIALITY ADVERTISING</b>		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE, INV #81996		4207.28																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.45827																					
<b>C. IMPRESSIONS SPECIALITY ADVERTISING</b>		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE, INV. #82282		20.00																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6322.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. IMPRESSIONS SPECIALITY ADVERTISING</b>		<b>Transaction ID:</b> SB21B.45828 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REG 1D V-CAP INCENTIVE		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3422.60"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IMPRESSIONS SPECIALITY ADVERTISING</b>		<b>Transaction ID:</b> SB21B.46025 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REG 1A INCENTIV-INVOICE #82440		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="10.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. IMPRESSIONS SPECIALITY ADVERTISING</b>		<b>Transaction ID:</b> SB21B.46028 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REG 1A INCENTIV/INVOICE #79427		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="6375.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9807.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 323 / 423

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. IMPRESSIONS SPECIALITY ADVERTISING</b>		<b>Transaction ID:</b> SB21B.46029 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REG 1A INCENTIV-INVOICE #82366		<input type="text" value="10.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KEITH BRYANT</b>		<b>Transaction ID:</b> SB21B.45834 Date of Disbursement
Mailing Address 16965 CRESCENT		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City SOUTHFIELD	State MI	Zip Code 48075
Purpose of Disbursement REGION 1 PRIZE		<input type="text" value="500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JOHN LEGG</b>		<b>Transaction ID:</b> SB21B.46235 Date of Disbursement
Mailing Address 3050 CROFTON		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City DEWITT	State MI	Zip Code 48820
Purpose of Disbursement R1C V-CAP RAFFLE-2ND PLACE		<input type="text" value="350.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="860.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 324 / 423

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MARTIN DAVES</b>		<b>Transaction ID: SB21B.45832</b>	
Mailing Address 290 DOGWOOD RD.		Date of Disbursement 12 / 01 / 2005	
City ANDREWS	State NC	Zip Code 28901	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement REGION 1 PRIZE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MUIR FRED</b>		<b>Transaction ID: SB21B.46038</b>	
Mailing Address 4122 OAKCREST		Date of Disbursement 12 / 15 / 2005	
City TOLEDO	State OH	Zip Code 43623	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MUNDY KATOWITZ MEDIA, INC.</b>		<b>Transaction ID: SB21B.45829</b>	
Mailing Address 904 PENNSYLVANIA AVE., SE		Date of Disbursement 11 / 30 / 2005	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 245322.21
Purpose of Disbursement PENSION LEGISLATION MEDIA BUY		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>246322.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MUNDY KATOWITZ MEDIA, INC.</b>		<b>Transaction ID: SB21B.46030</b> Date of Disbursement 12 / 06 / 2005
Mailing Address 904 PENNSYLVANIA AVE., SE		Amount of Each Disbursement this Period 3682.82
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement BLOGOSHERE AD 1/2 START 1-WEEK Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. REED'S APPLIANCE COMPANY</b>		<b>Transaction ID: SB21B.45815</b> Date of Disbursement 10 / 06 / 2005
Mailing Address 552 IMLAY CITY ROAD		Amount of Each Disbursement this Period 6206.00
City LAPEER State MI Zip Code 48446	Purpose of Disbursement R1 VCAP DD PRIZES/INV #23100 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. REHBERG DEREK</b>		<b>Transaction ID: SB21B.46034</b> Date of Disbursement 12 / 15 / 2005
Mailing Address 975 N. STEWARD RD.		Amount of Each Disbursement this Period 500.00
City MANSFIELD State OH Zip Code 44905	Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10388.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. RICHARD SERWATKA</b>		<b>Transaction ID: SB21B.45844</b> Date of Disbursement 12 / 01 / 2005
Mailing Address 72491 COON CREEK		Amount of Each Disbursement this Period 500.00
City ARMADA State MI Zip Code 48005	Purpose of Disbursement REGION 1 PRIZE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. ROBERT CONGDON</b>		<b>Transaction ID: SB21B.45840</b> Date of Disbursement 12 / 01 / 2005
Mailing Address 2222 MERTZ RD.		Amount of Each Disbursement this Period 500.00
City CARO State MI Zip Code 48723	Purpose of Disbursement REGION 1 PRIZE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. SHARON TERRY</b>		<b>Transaction ID: SB21B.45842</b> Date of Disbursement 12 / 01 / 2005
Mailing Address 860 LYNHAVEN		Amount of Each Disbursement this Period 500.00
City ROCHESTER HILLS State MI Zip Code 48307	Purpose of Disbursement REGION 1 PRIZE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 327 / 423

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LEONA SMITH</b>		<b>Transaction ID: SB21B.45818</b> Date of Disbursement 10 / 17 / 2005
Mailing Address RR 2 BOX 118		Amount of Each Disbursement this Period 2982.68
City TOWER HILL	State IL Zip Code 62571-9644	
Purpose of Disbursement REG1A PROMO V-CAP GRND PRZ '04		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LEONA SMITH</b>		<b>Transaction ID: SB21B.45819</b> Date of Disbursement 10 / 17 / 2005
Mailing Address RR 2 BOX 118		Amount of Each Disbursement this Period -835.15
City TOWER HILL	State IL Zip Code 62571-9644	
Purpose of Disbursement FEDERAL TAXES WITHHELD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOLANDER GEORGE</b>		<b>Transaction ID: SB21B.46040</b> Date of Disbursement 12 / 15 / 2005
Mailing Address 7909 MAIN STREET		Amount of Each Disbursement this Period 500.00
City FLAT ROCK	State OH Zip Code 44838	
Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2647.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. STANLEY TRUSWELL</b>		<b>Transaction ID: SB21B.46001</b> Date of Disbursement 12 / 01 / 2005
Mailing Address 6170 N. SILVERY LANE		Amount of Each Disbursement this Period 500.00
City DEARBORN HEIGHTS	State MI Zip Code 48127	
Purpose of Disbursement REGION 1 PRIZE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTMASTER</b>		<b>Transaction ID: SB21B.45814</b> Date of Disbursement 09 / 23 / 2005
Mailing Address 1725 E. 14 MILE SUITE 120		Amount of Each Disbursement this Period 2224.74
City TROY	State MI Zip Code 48083-4600	
Purpose of Disbursement R9A PSOTAGE V-CAP TICKETS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VIZUAL EXPRESS</b>		<b>Transaction ID: SB21B.45810</b> Date of Disbursement 09 / 08 / 2005
Mailing Address 440 E. CENTER STREET		Amount of Each Disbursement this Period 710.40
City MARION	State OH Zip Code 43302	
Purpose of Disbursement R2B V-CAP INCENTIVE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... **3435.14**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. VIZUAL EXPRESS</b>		<b>Transaction ID:</b> SB21B.45813 Date of Disbursement
Mailing Address 440 E. CENTER STREET		<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City MARION	State OH	Zip Code 43302
Purpose of Disbursement R2B V-CAP INCENTIVE #81406	<input type="text" value="8236.71"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VIZUAL EXPRESS</b>		<b>Transaction ID:</b> SB21B.45821 Date of Disbursement
Mailing Address 440 E. CENTER STREET		<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City MARION	State OH	Zip Code 43302
Purpose of Disbursement R2B V-CAP INCENTIVE	<input type="text" value="3053.01"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VIZUAL EXPRESS</b>		<b>Transaction ID:</b> SB21B.46023 Date of Disbursement
Mailing Address 440 E. CENTER STREET		<input type="text" value="12"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City MARION	State OH	Zip Code 43302
Purpose of Disbursement R2B V-CAP INCENTIV-INV #004930	<input type="text" value="6122.58"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="17412.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. VIZUAL EXPRESS</b>		<b>Transaction ID:</b> SB21B.46231 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 440 E. CENTER STREET		Amount of Each Disbursement this Period 4284.37
City MARION State OH Zip Code 43302	Category/ Type	
Purpose of Disbursement R2B V-CAP INCENTIVE/INV #5217		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WILSON TROPHY COMPANY</b>		<b>Transaction ID:</b> SB21B.46027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1724 FRIENZA AVE.		Amount of Each Disbursement this Period 412.69
City SACRAMENTO State CA Zip Code 95815	Category/ Type	
Purpose of Disbursement R1D V-CAP INCENT-INV #A03-5573		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS WOLLETT</b>		<b>Transaction ID:</b> SB21B.46233 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 6326 W. WILLOW		Amount of Each Disbursement this Period 400.00
City LANSING State MI Zip Code 48910	Category/ Type	
Purpose of Disbursement R1C V-CAP RAFFLE DRAW-1ST PLCE		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5097.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>381255.02</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. UAW MICHIGAN V-PAC</b>		<b>Transaction ID:</b> SB22.46241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address 8000 E. JEFFERSON		Amount of Each Disbursement this Period 100000.00
City DETROIT State MI Zip Code 48214		
Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. UAW MICHIGAN V-PAC</b>		<b>Transaction ID:</b> SB22.46243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address 8000 E. JEFFERSON		Amount of Each Disbursement this Period 100000.00
City DETROIT State MI Zip Code 48214		
Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. UAW MICHIGAN V-PAC</b>		<b>Transaction ID:</b> SB22.46244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 8000 E. JEFFERSON		Amount of Each Disbursement this Period 100000.00
City DETROIT State MI Zip Code 48214		
Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	300000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	300000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 332 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ABERCROMBIE FOR CONGRESS</b>		Transaction ID: SB23.46316 Date of Disbursement
Mailing Address 2469 SOUTH KING STREET		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City HONOLULU	State HI	Zip Code 96826
Purpose of Disbursement NEIL ABERCROMBIE	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI District: 1	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ABERCROMBIE FOR CONGRESS</b>		Transaction ID: SB23.46317 Date of Disbursement
Mailing Address 2469 SOUTH KING STREET		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City HONOLULU	State HI	Zip Code 96826
Purpose of Disbursement NEIL ABERCROMBIE	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ACKERMAN FOR CONGRESS</b>		Transaction ID: SB23.46403 Date of Disbursement
Mailing Address PO BOX 95		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City FRESH MEADOWS	State NY	Zip Code 11365
Purpose of Disbursement GARY ACKERMAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 05	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 333 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ACKERMAN FOR CONGRESS</b>		Transaction ID: SB23.46417 Date of Disbursement 11 / 02 / 2005
Mailing Address PO BOX 95		Amount of Each Disbursement this Period 1000.00
City FRESH MEADOWS State NY Zip Code 11365	Purpose of Disbursement GARY ACKERMAN Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AKAKA IN 2006</b>		Transaction ID: SB23.46319 Date of Disbursement 09 / 21 / 2005
Mailing Address 301 4TH STREET, NE, 2ND FLOOR		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement DANIEL K AKAKA Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ALAN MOLLOHAN FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.46466 Date of Disbursement 09 / 23 / 2005
Mailing Address PO BOX 1343		Amount of Each Disbursement this Period 2000.00
City FAIRMONT State WV Zip Code 26555-1343	Purpose of Disbursement ALAN B MOLLOHAN Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 334 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER GREEN FOR CONGRESS</b>		<b>Transaction ID: SB23.46452</b> Date of Disbursement 09 / 21 / 2005
Mailing Address 3003 SOUTH LOOP WEST SUITE 321		Amount of Each Disbursement this Period 1000.00
City HOUSTON State TX Zip Code 77054	Purpose of Disbursement ALEXANDER GREEN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ALLEN FOR CONGRESS</b>		<b>Transaction ID: SB23.46360</b> Date of Disbursement 08 / 02 / 2005
Mailing Address 6282 OCCOQUAN FOREST DRIVE		Amount of Each Disbursement this Period 1000.00
City MANSASSAS State VA Zip Code 20112	Purpose of Disbursement TOM ALLEN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. A LOT OF PEOPLE FOR DAVE OBEY</b>		<b>Transaction ID: SB23.46463</b> Date of Disbursement 08 / 12 / 2005
Mailing Address P.O. BOX 75214		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20013-5214	Purpose of Disbursement DAVID OBEY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 335 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ANNA ESHOO FOR CONGRESS</b>		<b>Transaction ID: SB23.46272</b> Date of Disbursement 09 / 08 / 2005	
Mailing Address P.O. BOX 636		Amount of Each Disbursement this Period 1000.00	
City ANNANDALE State VA Zip Code 22003	Purpose of Disbursement ANNA ESHOO Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BARNEY FRANK FOR CONGRESS</b>		<b>Transaction ID: SB23.46348</b> Date of Disbursement 12 / 02 / 2005	
Mailing Address PO BOX 2884		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement BARNEY FRANK Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BECERRA FOR CONGRESS</b>		<b>Transaction ID: SB23.46266</b> Date of Disbursement 08 / 02 / 2005	
Mailing Address PO BOX 261060		Amount of Each Disbursement this Period 1000.00	
City LOS ANGELES State CA Zip Code 90026	Purpose of Disbursement XAVIER BECERRA Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 336 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BECERRA FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46281 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address PO BOX 261060		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90026	Purpose of Disbursement XAVIER BECERRA	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BEN CARDIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46353 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address 38 IVY STREET, SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement BENJAMIN CARDIN	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BEN CARDIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46357 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 38 IVY STREET, SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement BENJAMIN CARDIN	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BEN CARDIN FOR CONGRESS</b>		<b>Transaction ID: SB23.46358</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 38 IVY STREET, SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement BENJAMIN CARDIN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. BERMAN FOR CONGRESS</b>		<b>Transaction ID: SB23.46260</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 8665 WILSHIRE BOULEVARD #220		Amount of Each Disbursement this Period 1000.00
City BEVERLY HILLS State CA Zip Code 90211	Purpose of Disbursement HOWARD BERMAN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. BERMAN FOR CONGRESS</b>		<b>Transaction ID: SB23.46279</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 8665 WILSHIRE BOULEVARD #220		Amount of Each Disbursement this Period 4000.00
City BEVERLY HILLS State CA Zip Code 90211	Purpose of Disbursement HOWARD BERMAN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BERRY FOR CONGRESS</b>		Transaction ID: SB23.46255 Date of Disbursement
Mailing Address 227 MASSACHUSETTS AVE., N.E., SUITE 101		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement MARION BERRY	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR	District: 01	

Full Name (Last, First, Middle Initial) <b>B. BETTY MCCOLLUM FOR CONGRESS</b>		Transaction ID: SB23.46369 Date of Disbursement
Mailing Address PO BOX 14131		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2005"/>
City ST PAUL	State MN	Zip Code 55114-0131
Purpose of Disbursement BETTY MCCOLLUM	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 4	

Full Name (Last, First, Middle Initial) <b>C. BISHOP FOR CONGRESS</b>		Transaction ID: SB23.46311 Date of Disbursement
Mailing Address PO BOX 909		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City COLUMBUS	State GA	Zip Code 31902
Purpose of Disbursement SANFORD BISHOP	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 339 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BOB ETHERIDGE FOR CONGRESS</b>		<b>Transaction ID: SB23.46380</b> Date of Disbursement 09 / 15 / 2005	
Mailing Address PO BOX 28001		Amount of Each Disbursement this Period 1000.00	
City RALEIGH State NC Zip Code 27611	Purpose of Disbursement BOB ETHERIDGE Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BOB ETHERIDGE FOR CONGRESS</b>		<b>Transaction ID: SB23.46382</b> Date of Disbursement 09 / 23 / 2005	
Mailing Address PO BOX 28001		Amount of Each Disbursement this Period 1000.00	
City RALEIGH State NC Zip Code 27611	Purpose of Disbursement BOB ETHERIDGE Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BOREN FOR CONGRESS</b>		<b>Transaction ID: SB23.46424</b> Date of Disbursement 08 / 18 / 2005	
Mailing Address PO BOX 1449		Amount of Each Disbursement this Period 5000.00	
City OKEMAH State OK Zip Code 74859	Purpose of Disbursement DAN BOREN Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 340 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BOREN FOR CONGRESS</b>		Transaction ID: SB23.46425 Date of Disbursement																					
Mailing Address PO BOX 1449		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	5															
City OKEMAH	State OK	Zip Code 74859	Amount of Each Disbursement this Period																				
Purpose of Disbursement DAN BOREN		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OK	District: 2																						

Full Name (Last, First, Middle Initial) <b>B. BOSWELL FOR CONGRESS</b>		Transaction ID: SB23.46320 Date of Disbursement																					
Mailing Address PO BOX 823		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	5															
City INDIANOLA	State IA	Zip Code 50125	Amount of Each Disbursement this Period																				
Purpose of Disbursement LEONARD L BOSWELL		Category/ Type	500.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IA	District: 3																						

Full Name (Last, First, Middle Initial) <b>C. BOSWELL FOR CONGRESS</b>		Transaction ID: SB23.46321 Date of Disbursement																					
Mailing Address PO BOX 823		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	5															
City INDIANOLA	State IA	Zip Code 50125	Amount of Each Disbursement this Period																				
Purpose of Disbursement LEONARD L BOSWELL		Category/ Type	500.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IA	District: 3																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BOUCHER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46456 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address PO BOX 2000		Amount of Each Disbursement this Period 1000.00
City ABINGDON State VA Zip Code 24212	Purpose of Disbursement RICHARD BOUCHER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. BOUCHER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5
Mailing Address PO BOX 2000		Amount of Each Disbursement this Period 3000.00
City ABINGDON State VA Zip Code 24212	Purpose of Disbursement RICHARD BOUCHER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. BRAD MILLER FOR CONGRESS CAMPAIGN</b>		<b>Transaction ID:</b> SB23.46385 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 3803 B COMPUTER DRIVE SUITE 110		Amount of Each Disbursement this Period 3000.00
City RALEIGH State NC Zip Code 27609	Purpose of Disbursement BRAD MILLER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BRIAN BAIRD FOR CONGRESS CAMPAIGN</b>		<b>Transaction ID:</b> SB23.46461 Date of Disbursement
Mailing Address 442 NEW JERSEY AVENUE S.E.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement BRIAN BAIRD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 03	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BUTTERFIELD FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46379 Date of Disbursement
Mailing Address 800 W. HINES STREET		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WILSON	State NC	Zip Code 27893
Purpose of Disbursement G K. BUTTERFIELD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 1	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BUTTERFIELD FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46381 Date of Disbursement
Mailing Address 800 W. HINES STREET		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WILSON	State NC	Zip Code 27893
Purpose of Disbursement G K. BUTTERFIELD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CALUMET PAC</b>		Transaction ID: SB23.46332	
Mailing Address 8000 UTAH STREET		Date of Disbursement	
City MERRILLVILLE State IN Zip Code 46410		07 / 25 / 2005	
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period	
Candidate Name		5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN TO ELECT JIM MARSHALL</b>		Transaction ID: SB23.46312	
Mailing Address PO BOX 125		Date of Disbursement	
City MACON State GA Zip Code 31202		09 / 21 / 2005	
Purpose of Disbursement JIM MARSHALL		Amount of Each Disbursement this Period	
Candidate Name		1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: GA District: 03		<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN TO ELECT JIM MARSHALL</b>		Transaction ID: SB23.46313	
Mailing Address PO BOX 125		Date of Disbursement	
City MACON State GA Zip Code 31202		10 / 06 / 2005	
Purpose of Disbursement JIM MARSHALL		Amount of Each Disbursement this Period	
Candidate Name		4000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: GA District: 03		<input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CAPUANO FOR CONGRESS</b>		<b>Transaction ID: SB23.46342</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2005
Mailing Address 227 MASSACHUSETTS AVE NE SUITE 101		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement MICHAEL E. CAPUANO Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. CHARLES A. GONZALEZ CONGRESSIONAL</b>		<b>Transaction ID: SB23.46451</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address P O BOX 12612 1215 BROADWAY		Amount of Each Disbursement this Period 1000.00
City SAN ANTONIO State TX Zip Code 78212	Purpose of Disbursement CHARLES A. GONZALEZ Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. CHARLES A. GONZALEZ CONGRESSIONAL</b>		<b>Transaction ID: SB23.46453</b> Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2005
Mailing Address P O BOX 12612 1215 BROADWAY		Amount of Each Disbursement this Period 1000.00
City SAN ANTONIO State TX Zip Code 78212	Purpose of Disbursement CHARLES A. GONZALEZ Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CHARLES A. GONZALEZ CONGRESSIONAL</b>		<b>Transaction ID: SB23.46455</b> Date of Disbursement
Mailing Address P O BOX 12612 1215 BROADWAY		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City SAN ANTONIO	State TX	Zip Code 78212
Purpose of Disbursement CHARLES A. GONZALEZ		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 20	

Full Name (Last, First, Middle Initial) <b>B. CHARLIE MELANCON FOR CONGRESS</b>		<b>Transaction ID: SB23.46340</b> Date of Disbursement
Mailing Address PO BOX 549		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City NAPOLEONVILLE	State LA	Zip Code 70390
Purpose of Disbursement CHARLIE MELANCON		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 3	

Full Name (Last, First, Middle Initial) <b>C. CHARLIE MELANCON FOR CONGRESS</b>		<b>Transaction ID: SB23.46341</b> Date of Disbursement
Mailing Address PO BOX 549		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City NAPOLEONVILLE	State LA	Zip Code 70390
Purpose of Disbursement CHARLIE MELANCON		Amount of Each Disbursement this Period <input type="text" value="4000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 3	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CHET EDWARDS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46449 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5
Mailing Address P.O. BOX 70426		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20024	Purpose of Disbursement CHET EDWARDS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR ELEANOR HOLMES NORTON</b>		<b>Transaction ID:</b> SB23.46304 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 1730 RHODE ISLAND AVE, NW SUITE 712		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement ELEANOR HOLMES NORTON Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR JOHN OLVER</b>		<b>Transaction ID:</b> SB23.46344 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement JOHN OLVER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR TAX JUSTICE</b>		<b>Transaction ID:</b> SB23.46295 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 1311 L STREET NW		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR WATERS</b>		<b>Transaction ID:</b> SB23.46267 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 555 S FLOWER ST #4510		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90017	Category/ Type	
Purpose of Disbursement MAXINE WATERS		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 35	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR WATERS</b>		<b>Transaction ID:</b> SB23.46273 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 555 S FLOWER ST #4510		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90017	Category/ Type	
Purpose of Disbursement MAXINE WATERS		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 35	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO ELECT ARTUR DAVIS TO</b>		<b>Transaction ID:</b> SB23.46250
Mailing Address PO BOX 1845		Date of Disbursement 09 / 15 / 2005
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ARTUR DAVIS	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 07		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT ARTUR DAVIS TO</b>		<b>Transaction ID:</b> SB23.46251
Mailing Address PO BOX 1845		Date of Disbursement 10 / 27 / 2005
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ARTUR DAVIS	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 07		

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO ELECT ARTUR DAVIS TO</b>		<b>Transaction ID:</b> SB23.46253
Mailing Address PO BOX 1845		Date of Disbursement 12 / 15 / 2005
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ARTUR DAVIS	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO ELECT LINDA SANCHEZ</b>		<b>Transaction ID:</b> SB23.46278 Date of Disbursement
Mailing Address P.O. BOX 1865		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City HAWAIIAN GARDENS	State CA	Zip Code 90716
Purpose of Disbursement LINDA SANCHEZ	<input type="text" value="3000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 39		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO RE-ELECT CAROLYN CHEEKS</b>		<b>Transaction ID:</b> SB23.46364 Date of Disbursement
Mailing Address P.O. BOX 32175		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City DETROIT	State MI	Zip Code 48232
Purpose of Disbursement CAROLYN C. KILPATRICK	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 13		

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO RE-ELECT NYDIA VELAZQUEZ</b>		<b>Transaction ID:</b> SB23.46416 Date of Disbursement
Mailing Address 436 NEW JERSEY AVENUE SE		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement NYDIA VELAZQUEZ	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO RE-ELECT NYDIA VELAZQUEZ</b>		Transaction ID: SB23.46420 Date of Disbursement																					
Mailing Address 436 NEW JERSEY AVENUE SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement NYDIA VELAZQUEZ		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 12																						

Full Name (Last, First, Middle Initial) <b>B. CONGRESSIONAL BLACK CAUCUS PAC</b>		Transaction ID: SB23.46299 Date of Disbursement																					
Mailing Address 1701 PENNSYLVANIA NW #960		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) <b>C. CONGRESSMAN BART GORDON COMMITTEE</b>		Transaction ID: SB23.46445 Date of Disbursement																					
Mailing Address PO BOX 2008		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	5														
City MURFREESBORO	State TN	Zip Code 37133	Amount of Each Disbursement this Period																				
Purpose of Disbursement BART GORDON		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 6																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b>		Transaction ID: SB23.46261 Date of Disbursement
Mailing Address 8665 WILSHIRE BLVD, SUITE 220		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Disbursement HENRY A WAXMAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 29	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. COSTELLO FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.46325 Date of Disbursement
Mailing Address P.O. BOX 8250		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City BELLEVILLE	State IL	Zip Code 62222
Purpose of Disbursement JERRY F COSTELLO	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 12	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. CROWLEY FOR CONGRESS</b>		Transaction ID: SB23.46411 Date of Disbursement
Mailing Address 6282 OCCOQUAN FORREST DRIVE		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement JOSEPH CROWLEY	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 7	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. CUMMINGS FOR CONGRESS</b>		Transaction ID: SB23.46349 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 421 NEW JERSEY AVENUE SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement ELIJAH CUMMINGS Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 7 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CUMMINGS FOR CONGRESS</b>		Transaction ID: SB23.46351 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 421 NEW JERSEY AVENUE SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement ELIJAH CUMMINGS Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 7 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA MCKINNEY FOR CONGRESS</b>		Transaction ID: SB23.46314 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address P O BOX 371125		Amount of Each Disbursement this Period 5000.00
City DECATUR State GA Zip Code 30037	Category/ Type	
Purpose of Disbursement CYNTHIA MCKINNEY Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 4 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DAN LIPINSKI FOR CONGRESS</b>		Transaction ID: SB23.46328 Date of Disbursement 09 / 23 / 2005
Mailing Address 5838 S. ARCHER		Amount of Each Disbursement this Period 4000.00
City CHICAGO	State IL Zip Code 60638	
Purpose of Disbursement DAN LIPINSKI Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 3		

Full Name (Last, First, Middle Initial) <b>B. DAVID PRICE FOR CONGRESS</b>		Transaction ID: SB23.46384 Date of Disbursement 09 / 23 / 2005
Mailing Address PO BOX 1986		Amount of Each Disbursement this Period 1000.00
City RALEIGH	State NC Zip Code 27602	
Purpose of Disbursement DAVID PRICE Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 4		

Full Name (Last, First, Middle Initial) <b>C. DAVID PRICE FOR CONGRESS</b>		Transaction ID: SB23.46386 Date of Disbursement 10 / 05 / 2005
Mailing Address PO BOX 1986		Amount of Each Disbursement this Period 1000.00
City RALEIGH	State NC Zip Code 27602	
Purpose of Disbursement DAVID PRICE Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DAVIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address PO BOX 2842		Amount of Each Disbursement this Period 3400.00
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement DANNY K DAVIS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. DAVIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address PO BOX 2842		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement DANNY K DAVIS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. DONNELLY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 5
Mailing Address PO BOX 1961		Amount of Each Disbursement this Period 5000.00
City SOUTH BEND State IN Zip Code 46634	Purpose of Disbursement JOE DONNELLY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. DONNELLY FOR CONGRESS</b>		Transaction ID: SB23.46336 Date of Disbursement																					
Mailing Address PO BOX 1961		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	5															
City SOUTH BEND	State IN	Zip Code 46634																					
Purpose of Disbursement JOE DONNELLY		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>5000.00</td> </tr> </table>		Amount of Each Disbursement this Period	5000.00																		
Amount of Each Disbursement this Period																							
5000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IN District: 02																							

Full Name (Last, First, Middle Initial) <b>B. DOYLE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.46430 Date of Disbursement																					
Mailing Address PO BOX 17426		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	5															
City PITTSBURGH	State PA	Zip Code 15235																					
Purpose of Disbursement MIKE DOYLE		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																							
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA District: 14																							

Full Name (Last, First, Middle Initial) <b>C. EARL BLUMENAUER FOR CONGRESS</b>		Transaction ID: SB23.46427 Date of Disbursement																					
Mailing Address P.O. BOX 1396		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	5															
City PORTLAND	State OR	Zip Code 97207																					
Purpose of Disbursement EARL BLUMENAUER		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																							
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OR District: 3																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. EARL BLUMENAUER FOR CONGRESS</b>		Transaction ID: SB23.46428 Date of Disbursement
Mailing Address P.O. BOX 1396		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City PORTLAND	State OR	Zip Code 97207
Purpose of Disbursement EARL BLUMENAUER	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 3	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. EARL POMEROY FOR CONGRESS</b>		Transaction ID: SB23.46388 Date of Disbursement
Mailing Address PO BOX 75214		<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20013-5214
Purpose of Disbursement EARL POMEROY	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 01	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. EARL POMEROY FOR CONGRESS</b>		Transaction ID: SB23.46390 Date of Disbursement
Mailing Address PO BOX 75214		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20013-5214
Purpose of Disbursement EARL POMEROY	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 01	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 357 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ELLSWORTH FOR CONGRESS</b>		Transaction ID: SB23.46334 Date of Disbursement 09 / 02 / 2005
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 5000.00
City EVANSVILLE	State IN Zip Code 47708	
Purpose of Disbursement BRAD ELLSWORTH		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 8		

Full Name (Last, First, Middle Initial) <b>B. ELLSWORTH FOR CONGRESS</b>		Transaction ID: SB23.46338 Date of Disbursement 11 / 15 / 2005
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 5000.00
City EVANSVILLE	State IN Zip Code 47708	
Purpose of Disbursement BRAD ELLSWORTH		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 8		

Full Name (Last, First, Middle Initial) <b>C. ENGEL FOR CONGRESS</b>		Transaction ID: SB23.46401 Date of Disbursement 08 / 02 / 2005
Mailing Address 115 D ST, SE #102		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement ELIOT L ENGEL		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> 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)

PAGE 358 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. ENGEL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46409 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 115 D ST, SE #102		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement ELIOT L ENGEL	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. EVAN BAYH COMMITTEE</b>		<b>Transaction ID:</b> SB23.46337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 426 C ST NE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement EVAN BAYH	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FATTAH FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46433 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 1800 JFK BLVD., SUITE 502		Amount of Each Disbursement this Period 1000.00
City PHILADELPHIA State PA Zip Code 19103	Purpose of Disbursement CHAKA FATTAH	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS FOR BARON HILL</b>		<b>Transaction ID:</b> SB23.46335 Date of Disbursement 09 / 08 / 2005
Mailing Address PO BOX 1071		Amount of Each Disbursement this Period 5000.00
City SEYMOUR	State IN Zip Code 47274	
Purpose of Disbursement BARON HILL		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 9		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF BENNIE THOMPSON</b>		<b>Transaction ID:</b> SB23.46378 Date of Disbursement 09 / 15 / 2005
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 1000.00
City BOLTON	State MS Zip Code 39041	
Purpose of Disbursement BENNIE THOMPSON		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS District: 02		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BUD CRAMER</b>		<b>Transaction ID:</b> SB23.46252 Date of Disbursement 12 / 02 / 2005
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement BUD CRAMER		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 360 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CAROLYN MCCARTHY COMMITTEE</b>		<b>Transaction ID: SB23.46408</b>	
Mailing Address 38 IVY STREET SE		Date of Disbursement 09 / 23 / 2005	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CAROLYN MCCARTHY		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 4		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CONGRESSMAN TIM HOLDEN</b>		<b>Transaction ID: SB23.46429</b>	
Mailing Address PO BOX 37		Date of Disbursement 09 / 08 / 2005	
City ST CLAIR	State PA	Zip Code 17970	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement TIM HOLDEN		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 17		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CONGRESSMAN TIM HOLDEN</b>		<b>Transaction ID: SB23.46434</b>	
Mailing Address PO BOX 37		Date of Disbursement 10 / 27 / 2005	
City ST CLAIR	State PA	Zip Code 17970	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement TIM HOLDEN		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CORRINE BROWN</b>		<b>Transaction ID: SB23.46307</b> Date of Disbursement 09 / 08 / 2005
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 CORRINE BROWN	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF FARR</b>		<b>Transaction ID: SB23.46284</b> Date of Disbursement 11 / 03 / 2005
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 302		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement SAM FARR	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF FARR</b>		<b>Transaction ID: SB23.46288</b> Date of Disbursement 12 / 15 / 2005
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 302		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement SAM FARR	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF GEORGE MILLER</b>		Transaction ID: SB23.46258 Date of Disbursement																					
Mailing Address 300 NORTH LEE ST SUITE 500		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	5														
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement GEORGE MILLER		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 7																						

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF GEORGE MILLER</b>		Transaction ID: SB23.46277 Date of Disbursement																					
Mailing Address 300 NORTH LEE ST SUITE 500		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	5														
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement GEORGE MILLER		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 7																						

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM CLYBURN</b>		Transaction ID: SB23.46440 Date of Disbursement																					
Mailing Address 501 CAPITOL COURT NE SUITE 100		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	3		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement JAMES CLYBURN		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SC	District: 06																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM MCDERMOTT</b>		Transaction ID: SB23.46458 Date of Disbursement																					
Mailing Address 6282 OCCOQUAN FOREST DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City MANASSAS	State VA	Zip Code 20112	Amount of Each Disbursement this Period																				
Purpose of Disbursement JIM MCDERMOTT		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District: 07																						

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM MCDERMOTT</b>		Transaction ID: SB23.46462 Date of Disbursement																					
Mailing Address 6282 OCCOQUAN FOREST DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	2		2	0	0	5														
City MANASSAS	State VA	Zip Code 20112	Amount of Each Disbursement this Period																				
Purpose of Disbursement JIM MCDERMOTT		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District: 07																						

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM OBERSTAR</b>		Transaction ID: SB23.46368 Date of Disbursement																					
Mailing Address PO BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement JIM OBERSTAR		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 8																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 364 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOE BACA</b>		<b>Transaction ID:</b> SB23.46264 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address PO BOX 362		Amount of Each Disbursement this Period 1000.00
City SAN BERNARDINO State CA Zip Code 92402-0362	Category/ Type	
Purpose of Disbursement JOE BACA		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOE BACA</b>		<b>Transaction ID:</b> SB23.46265 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address PO BOX 362		Amount of Each Disbursement this Period 1000.00
City SAN BERNARDINO State CA Zip Code 92402-0362	Category/ Type	
Purpose of Disbursement JOE BACA		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOE BACA</b>		<b>Transaction ID:</b> SB23.46276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5
Mailing Address PO BOX 362		Amount of Each Disbursement this Period 1000.00
City SAN BERNARDINO State CA Zip Code 92402-0362	Category/ Type	
Purpose of Disbursement JOE BACA		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 365 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOHN BARROW</b>		<b>Transaction ID: SB23.46315</b> Date of Disbursement
Mailing Address 2141 WEST BROAD STREET SUITE B		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City ATHENS	State GA	Zip Code 30606
Purpose of Disbursement JOHN BARROW	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 12	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF KENT CONRAD</b>		<b>Transaction ID: SB23.46389</b> Date of Disbursement
Mailing Address 420 C STREET, NE LOWER LEVEL		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement KENT CONRAD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District:	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF KENT CONRAD</b>		<b>Transaction ID: SB23.46391</b> Date of Disbursement
Mailing Address 420 C STREET, NE LOWER LEVEL		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement KENT CONRAD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District:	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 366 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF LANE EVANS</b>		Transaction ID: SB23.46322	
Mailing Address PO BOX 5263		Date of Disbursement 08 / 02 / 2005	
City ROCK ISLAND	State IL	Zip Code 61204-5263	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement LANE EVANS	Category/ Type		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF LOIS CAPPs</b>		Transaction ID: SB23.46271	
Mailing Address PO BOX 23940		Date of Disbursement 09 / 08 / 2005	
City SANTA BARBARA	State CA	Zip Code 93121	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement LOIS CAPPs	Category/ Type		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: CA District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF LOIS CAPPs</b>		Transaction ID: SB23.46286	
Mailing Address PO BOX 23940		Date of Disbursement 11 / 15 / 2005	
City SANTA BARBARA	State CA	Zip Code 93121	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement LOIS CAPPs	Category/ Type		
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: CA District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF PATRICK KENNEDY</b>		<b>Transaction ID: SB23.46436</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address PO BOX 77047		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20013	Category/ Type	
Purpose of Disbursement PATRICK KENNEDY Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF RAHM EMANUEL</b>		<b>Transaction ID: SB23.46326</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address PO BOX 101124		Amount of Each Disbursement this Period 1000.00
City CHICAGO State IL Zip Code 60610	Category/ Type	
Purpose of Disbursement RAHM EMANUEL Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF RAHM EMANUEL</b>		<b>Transaction ID: SB23.46330</b> Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2005
Mailing Address PO BOX 101124		Amount of Each Disbursement this Period 1000.00
City CHICAGO State IL Zip Code 60610	Category/ Type	
Purpose of Disbursement RAHM EMANUEL Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ROBERT C BYRD COMMITTEE</b>		<b>Transaction ID:</b> SB23.46467 Date of Disbursement
Mailing Address 424 C STREET, NW		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ROBERT C BYRD		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ROSA DELAURO</b>		<b>Transaction ID:</b> SB23.46290 Date of Disbursement
Mailing Address 729 15TH STREET, NW - 3RD FLR		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement ROSA DELAURO		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 3	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ROSA DELAURO</b>		<b>Transaction ID:</b> SB23.46291 Date of Disbursement
Mailing Address 729 15TH STREET, NW - 3RD FLR		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement ROSA DELAURO		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 3	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ROSA DELAURO</b>		<b>Transaction ID: SB23.46293</b> Date of Disbursement 12 / 15 / 2005
Mailing Address 729 15TH STREET, NW - 3RD FLR		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20005	
Purpose of Disbursement ROSA DELAURO		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 3		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF WEINER</b>		<b>Transaction ID: SB23.46415</b> Date of Disbursement 10 / 27 / 2005
Mailing Address 442 NEW JERSEY AVENUE SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement ANTHONY WEINER		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 9		

Full Name (Last, First, Middle Initial) <b>C. GENE GREEN CONGRESSIONAL CAMPAIGN</b>		<b>Transaction ID: SB23.46446</b> Date of Disbursement 07 / 25 / 2005
Mailing Address PO BOX 16128		Amount of Each Disbursement this Period 1000.00
City HOUSTON	State TX Zip Code 77222	
Purpose of Disbursement GENE GREEN		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 29		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 370 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. GENE GREEN CONGRESSIONAL CAMPAIGN</b>		<b>Transaction ID: SB23.46454</b>	
Mailing Address PO BOX 16128		Date of Disbursement 10 / 17 / 2005	
City HOUSTON	State TX	Zip Code 77222	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement GENE GREEN		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 29		

Full Name (Last, First, Middle Initial) <b>B. GREEN MOUNTAIN PAC</b>		<b>Transaction ID: SB23.46298</b>	
Mailing Address 10 G STREET NE #470		Date of Disbursement 08 / 09 / 2005	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. HACKETT FOR CONGRESS</b>		<b>Transaction ID: SB23.62150</b>	
Mailing Address 27 NORTH 2ND		Date of Disbursement 07 / 25 / 2005	
City BATAVIA	State OH	Zip Code 45103	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: OH	District: 02 Special-General		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 371 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. HERSETH FOR CONGRESS</b>		Transaction ID: SB23.46441 Date of Disbursement 12 / 02 / 2005	
Mailing Address PO BOX 884		Amount of Each Disbursement this Period 1000.00	
City BROOKINGS	State SD	Zip Code 57006	Category/ Type
Purpose of Disbursement STEPHANIE HERSETH		<input type="checkbox"/>	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD District: 1			

Full Name (Last, First, Middle Initial) <b>B. HIGGINS FOR CONGRESS</b>		Transaction ID: SB23.46402 Date of Disbursement 08 / 18 / 2005	
Mailing Address PO BOX 28		Amount of Each Disbursement this Period 3000.00	
City BUFFALO	State NY	Zip Code 14220	Category/ Type
Purpose of Disbursement BRIAN M. HIGGINS		<input type="checkbox"/>	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 27			

Full Name (Last, First, Middle Initial) <b>C. HOOLEY FOR CONGRESS</b>		Transaction ID: SB23.46426 Date of Disbursement 09 / 23 / 2005	
Mailing Address P.O. BOX 465		Amount of Each Disbursement this Period 1000.00	
City WEST LINN	State OR	Zip Code 97068	Category/ Type
Purpose of Disbursement DARLENE HOOLEY		<input type="checkbox"/>	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR District: 05			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 372 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. HOUSE MAJORITY FUND</b>		<b>Transaction ID:</b> SB23.46300 Date of Disbursement
Mailing Address 436 NEW JERSEY AVENUE, S.E.		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. HOYER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46350 Date of Disbursement
Mailing Address PO BOX 2884		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement STENY HOYER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 5	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. HOYER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46352 Date of Disbursement
Mailing Address PO BOX 2884		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement STENY HOYER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 5	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 373 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. INSLEE FOR CONGRESS</b>		Transaction ID: SB23.46459 Date of Disbursement																					
Mailing Address PO BOX 33027		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City SEATTLE	State WA	Zip Code 98133	Amount of Each Disbursement this Period																				
Purpose of Disbursement JAY INSLEE		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District: 04																						

Full Name (Last, First, Middle Initial) <b>B. INSLEE FOR CONGRESS</b>		Transaction ID: SB23.46460 Date of Disbursement																					
Mailing Address PO BOX 33027		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	7		2	0	0	5														
City SEATTLE	State WA	Zip Code 98133	Amount of Each Disbursement this Period																				
Purpose of Disbursement JAY INSLEE		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District: 04																						

Full Name (Last, First, Middle Initial) <b>C. JOHN LEWIS FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.46310 Date of Disbursement																					
Mailing Address 4212 37TH ST., NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement JOHN LEWIS		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA	District: 5																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 374 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. JOHN SPRATT FOR CONGRESS</b>		<b>Transaction ID: SB23.46438</b> Date of Disbursement 09 / 02 / 2005
Mailing Address P.O. BOX 2884		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement JOHN SPRATT Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. JOHN SPRATT FOR CONGRESS</b>		<b>Transaction ID: SB23.46439</b> Date of Disbursement 09 / 02 / 2005
Mailing Address P.O. BOX 2884		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement JOHN SPRATT Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. JOHN TIERNEY FOR CONGRESS</b>		<b>Transaction ID: SB23.46347</b> Date of Disbursement 11 / 15 / 2005
Mailing Address PO BOX 8013		Amount of Each Disbursement this Period 1000.00
City SALEM State MA Zip Code 01970	Purpose of Disbursement JOHN TIERNEY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 375 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. KEEP NICK RAHALL IN CONGRESS COMMITTEE</b>		Transaction ID: SB23.46465 Date of Disbursement																					
Mailing Address 1301 DELAWARE AVENUE SW #N409		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	3		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20024-3913	Amount of Each Disbursement this Period																				
Purpose of Disbursement NICK JOE RAHALL II		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WV	District: 3																						

Full Name (Last, First, Middle Initial) <b>B. KENDRICK MEEK FOR CONGRESS</b>		Transaction ID: SB23.46308 Date of Disbursement																					
Mailing Address 2111 WILSON BLVD. 8TH FLOOR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	2		2	0	0	5														
City ARLINGTON	State VA	Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement KENDRICK MEEK		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL	District: 17																						

Full Name (Last, First, Middle Initial) <b>C. KENDRICK MEEK FOR CONGRESS</b>		Transaction ID: SB23.46309 Date of Disbursement																					
Mailing Address 2111 WILSON BLVD. 8TH FLOOR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	5														
City ARLINGTON	State VA	Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement KENDRICK MEEK		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL	District: 17																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 376 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. KENNEDY FOR SENATE</b>		Transaction ID: SB23.46345 Date of Disbursement 11 / 10 / 2005
Mailing Address 301 4TH ST., NE SUITE 202		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement EDWARD M KENNEDY Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. KENTUCKY DEMOCRATIC PARTY (FEDERAL)</b>		Transaction ID: SB23.46339 Date of Disbursement 12 / 06 / 2005
Mailing Address PO BOX 694		Amount of Each Disbursement this Period 5000.00
City FRANKFORT State KY Zip Code 40602	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. KILROY FOR CONGRESS</b>		Transaction ID: SB23.46423 Date of Disbursement 12 / 15 / 2005
Mailing Address 929 HARRISON AVE., STE. 305		Amount of Each Disbursement this Period 5000.00
City COLUMBUS State OH Zip Code 43235	Purpose of Disbursement MARY JO KILROY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. KLEIN FOR CONGRESS</b>		<b>Transaction ID: SB23.46306</b>	
Mailing Address 301 YAMATO RD., SUITE 2198		Date of Disbursement 09 / 02 / 2005	
City BOCA RATON	State FL	Zip Code 33431	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement RON KLEIN		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL	District: 22		

Full Name (Last, First, Middle Initial) <b>B. L.A. PAC</b>		<b>Transaction ID: SB23.46263</b>	
Mailing Address 6380 WILSHIRE BLVD. #1612		Date of Disbursement 08 / 02 / 2005	
City LOS ANGELES	State CA	Zip Code 90048	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. L.A. PAC</b>		<b>Transaction ID: SB23.46289</b>	
Mailing Address 6380 WILSHIRE BLVD. #1612		Date of Disbursement 12 / 22 / 2005	
City LOS ANGELES	State CA	Zip Code 90048	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LANGEVIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46435 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 301 4TH ST NE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement JIM LANGEVIN		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LANGEVIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46437 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address 301 4TH ST NE		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement JIM LANGEVIN		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LARSON FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46292 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 6282 OCCOQUAN FOREST DRIVE		Amount of Each Disbursement this Period 1000.00
City MANASSAS State VA Zip Code 20112	Category/ Type	
Purpose of Disbursement JOHN LARSON		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 379 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LEVIN FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.46362 Date of Disbursement 09 / 12 / 2005
Mailing Address 436 NEW JERSY AVENUE SE		Amount of Each Disbursement this Period 3000.00
City WASHINGTON State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement SANDER LEVIN		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEVIN FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.46363 Date of Disbursement 09 / 12 / 2005
Mailing Address 436 NEW JERSY AVENUE SE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement SANDER LEVIN		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LINCOLN DAVIS FOR CONGRESS</b>		Transaction ID: SB23.46443 Date of Disbursement 09 / 15 / 2005
Mailing Address P.O. BOX 2002		Amount of Each Disbursement this Period 1000.00
City PALL MALL State TN Zip Code 38577	Category/ Type	
Purpose of Disbursement LINCOLN DAVIS		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LINCOLN DAVIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46444 <b>Date of Disbursement</b> 09 / 21 / 2005
Mailing Address P.O. BOX 2002		Amount of Each Disbursement this Period 2000.00
City PALL MALL	State TN Zip Code 38577	
Purpose of Disbursement LINCOLN DAVIS		Category/Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 4		

Full Name (Last, First, Middle Initial) <b>B. LOFGREN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46280 <b>Date of Disbursement</b> 10 / 05 / 2005
Mailing Address 236 MASS. AVE, NE SUITE 206		Amount of Each Disbursement this Period 2000.00
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement ZOE LOFGREN		Category/Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 16		

Full Name (Last, First, Middle Initial) <b>C. LOUISE SLAUGHTER REELECTION COMMITTEE</b>		<b>Transaction ID:</b> SB23.46399 <b>Date of Disbursement</b> 08 / 02 / 2005
Mailing Address P.O. BOX 2884		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20013	
Purpose of Disbursement LOUISE SLAUGHTER		Category/Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 28		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LOUISE SLAUGHTER REELECTION COMMITTEE</b>		Transaction ID: SB23.46412 Date of Disbursement																					
Mailing Address P.O. BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement LOUISE SLAUGHTER		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 28																						

Full Name (Last, First, Middle Initial) <b>B. LOUISE SLAUGHTER REELECTION COMMITTEE</b>		Transaction ID: SB23.46414 Date of Disbursement																					
Mailing Address P.O. BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement LOUISE SLAUGHTER		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 28																						

Full Name (Last, First, Middle Initial) <b>C. LUCILLE ROYBAL-ALLARD FOR CONGRESS</b>		Transaction ID: SB23.46259 Date of Disbursement																					
Mailing Address 3415 S SEPULVEDA BLVD SUITE 640		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City LOS ANGELES	State CA	Zip Code 90034	Amount of Each Disbursement this Period																				
Purpose of Disbursement LUCILLE ROYBAL-ALLARD		Category/ Type	1500.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 34																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MALONEY FOR CONGRESS</b>		Transaction ID: SB23.46400 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 230 PARK AVE 34TH FLOOR		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10169	Purpose of Disbursement CAROLYN MALONEY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. MCCASKILL FOR MISSOURI</b>		Transaction ID: SB23.46374 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address PO BOX 6771		Amount of Each Disbursement this Period 5000.00
City ST. LOUIS State MO Zip Code 63144	Purpose of Disbursement CLAIRE MCCASKILL Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. MCCASKILL FOR MISSOURI</b>		Transaction ID: SB23.46375 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address PO BOX 6771		Amount of Each Disbursement this Period 5000.00
City ST. LOUIS State MO Zip Code 63144	Purpose of Disbursement CLAIRE MCCASKILL Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MCNULTY FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.46406 Date of Disbursement																					
Mailing Address PO BOX 75214		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013-5214	Amount of Each Disbursement this Period																				
Purpose of Disbursement MICHAEL MCNULTY		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 21																						

Full Name (Last, First, Middle Initial) <b>B. MEL WATT FOR CONGRESS</b>		Transaction ID: SB23.46383 Date of Disbursement																					
Mailing Address PO BOX 36831		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	3		2	0	0	5														
City CHARLOTTE	State NC	Zip Code 28236	Amount of Each Disbursement this Period																				
Purpose of Disbursement MELVIN WATT		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NC	District: 12																						

Full Name (Last, First, Middle Initial) <b>C. MICHAUD FOR CONGRESS</b>		Transaction ID: SB23.46359 Date of Disbursement																					
Mailing Address 213 LISBON STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City LEWISTON	State ME	Zip Code 04240	Amount of Each Disbursement this Period																				
Purpose of Disbursement MICHAEL MICHAUD		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: ME	District: 02																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MICHAUD FOR CONGRESS</b>		Transaction ID: SB23.46361 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 213 LISBON STREET		Amount of Each Disbursement this Period 1000.00
City LEWISTON State ME Zip Code 04240	Purpose of Disbursement MICHAEL MICHAUD Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. MIKE HONDA FOR CONGRESS</b>		Transaction ID: SB23.46270 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address 6132 BOLLINGER RD		Amount of Each Disbursement this Period 1000.00
City SAN JOSE State CA Zip Code 95129	Purpose of Disbursement MIKE HONDA Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. MIKE MCINTYRE FOR CONGRESS</b>		Transaction ID: SB23.46387 Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2005
Mailing Address P.O. BOX 1		Amount of Each Disbursement this Period 1000.00
City LUMBERTON State NC Zip Code 28359-0001	Purpose of Disbursement MIKE MCINTYRE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 385 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. MIKE ROSS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46254 Date of Disbursement
Mailing Address PO BOX 360		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City PRESCOTT	State AR	Zip Code 71857-0360
Purpose of Disbursement MIKE ROSS	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 4		

Full Name (Last, First, Middle Initial) <b>B. MIKE THOMPSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46285 Date of Disbursement
Mailing Address 442 NEW JERSEY AVE S.E.		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement MIKE THOMPSON	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 01		

Full Name (Last, First, Middle Initial) <b>C. NADLER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46419 Date of Disbursement
Mailing Address 18 EAST 16TH STREET, SUITE 401		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement JERROLD NADLER	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. NAPOLITANO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46274 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 101		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement GRACE NAPOLITANO	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NAPOLITANO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46283 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 101		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement GRACE NAPOLITANO	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NAPOLITANO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46287 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 101		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement GRACE NAPOLITANO	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 387 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. NITA LOWEY FOR CONGRESS</b>		<b>Transaction ID: SB23.46407</b> Date of Disbursement 09 / 23 / 2005
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement NITA LOWEY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. NITA LOWEY FOR CONGRESS</b>		<b>Transaction ID: SB23.46418</b> Date of Disbursement 12 / 02 / 2005
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement NITA LOWEY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. PALLONE FOR CONGRESS</b>		<b>Transaction ID: SB23.46395</b> Date of Disbursement 09 / 15 / 2005
Mailing Address P.O. BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH State NJ Zip Code 07740	Purpose of Disbursement FRANK PALLONE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. PASCRELL FOR CONGRESS</b>		Transaction ID: SB23.46394 Date of Disbursement																					
Mailing Address 63 QUARTZ LANE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City PATERSON	State NJ	Zip Code 07501	Amount of Each Disbursement this Period																				
Purpose of Disbursement WILLIAM J PASCRELL JR		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 8																						

Full Name (Last, First, Middle Initial) <b>B. PASCRELL FOR CONGRESS</b>		Transaction ID: SB23.62152 Date of Disbursement																					
Mailing Address 63 QUARTZ LANE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	5														
City PATERSON	State NJ	Zip Code 07501	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOIDED CONTRIBUTION		Category/ Type	-1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 8																						

Full Name (Last, First, Middle Initial) <b>C. PASCRELL FOR CONGRESS</b>		Transaction ID: SB23.46396 Date of Disbursement																					
Mailing Address 63 QUARTZ LANE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City PATERSON	State NJ	Zip Code 07501	Amount of Each Disbursement this Period																				
Purpose of Disbursement WILLIAM J PASCRELL JR		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 8																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. PASTOR FOR ARIZONA</b>		<b>Transaction ID: SB23.46256</b>	
Mailing Address PO BOX 6554		Date of Disbursement 08 / 09 / 2005	
City PHOENIX	State AZ	Zip Code 85005-6554	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement ED PASTOR		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 2			

Full Name (Last, First, Middle Initial) <b>B. PENNSYLVANIANS FOR KANJORSKI</b>		<b>Transaction ID: SB23.46431</b>	
Mailing Address PO BOX 2884		Date of Disbursement 09 / 15 / 2005	
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement PAUL E KANJORSKI		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 11			

Full Name (Last, First, Middle Initial) <b>C. PETERSON FOR CONGRESS</b>		<b>Transaction ID: SB23.46370</b>	
Mailing Address PO BOX 265		Date of Disbursement 10 / 05 / 2005	
City DETROIT LAKES	State MN	Zip Code 56502	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement COLLIN PETERSON		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 7			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. PETERSON FOR CONGRESS</b>		<b>Transaction ID: SB23.46372</b> Date of Disbursement 11 / 15 / 2005	
Mailing Address PO BOX 265		Amount of Each Disbursement this Period 1000.00	
City DETROIT LAKES	State MN	Zip Code 56502	Category/ Type
Purpose of Disbursement COLLIN PETERSON		Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: MN District: 7	

Full Name (Last, First, Middle Initial) <b>B. PETE STARK RE-ELECTION COMMITTEE</b>		<b>Transaction ID: SB23.46268</b> Date of Disbursement 09 / 02 / 2005	
Mailing Address PO BOX 75214		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC	Zip Code 20013-5214	Category/ Type
Purpose of Disbursement FORTNEY (PETE) STARK		Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: CA District: 13	

Full Name (Last, First, Middle Initial) <b>C. RANGEL FOR CONGRESS</b>		<b>Transaction ID: SB23.46249</b> Date of Disbursement 12 / 02 / 2005	
Mailing Address PO BOX 5577		Amount of Each Disbursement this Period 1000.00	
City NEW YORK	State NY	Zip Code 10027	Category/ Type
Purpose of Disbursement CHARLES RANGEL		Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: NY District: 15	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. RAUL GRIJALVA FOR CONGRESS</b>		Transaction ID: SB23.46257 Date of Disbursement																					
Mailing Address PO BOX 1242		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	9		2	0	0	5														
City TUCSON	State AZ	Zip Code 85702-1242	Amount of Each Disbursement this Period																				
Purpose of Disbursement RAUL GRIJALVA		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: AZ	District: 07																						

Full Name (Last, First, Middle Initial) <b>B. RE-ELECT HAROLD FORD JR.</b>		Transaction ID: SB23.46442 Date of Disbursement																					
Mailing Address 227 MASSACHUSETTS AVE NE #101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement HAROLD FORD		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 9																						

Full Name (Last, First, Middle Initial) <b>C. RE-ELECT MCGOVERN COMMITTEE</b>		Transaction ID: SB23.46346 Date of Disbursement																					
Mailing Address PO BOX 60405		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	5														
City WORCESTER	State MA	Zip Code 01606-0405	Amount of Each Disbursement this Period																				
Purpose of Disbursement JIM MCGOVERN		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MA	District: 3																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 392 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. REYES FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46450 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 08 / 2005
Mailing Address 505 E RIO GRANDE		Amount of Each Disbursement this Period 1000.00
City EL PASO State TX Zip Code 79902	Purpose of Disbursement SILVESTRE REYES Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46343 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 17 / 2005
Mailing Address PO BOX 2884		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement RICHARD E NEAL Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. RUSH HOLT FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46397 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 10 / 27 / 2005
Mailing Address P O BOX 782		Amount of Each Disbursement this Period 1000.00
City PENNINGTON State NJ Zip Code 08534	Purpose of Disbursement RUSH HOLT Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 393 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. RUSS CARNAHAN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.46376</b> Date of Disbursement
Mailing Address 7370 MANCHESTER, SUITE 20		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City ST. LOUIS	State MO	Zip Code 63143
Purpose of Disbursement RUSS CARNAHAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 3	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. RUSS CARNAHAN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.46377</b> Date of Disbursement
Mailing Address 7370 MANCHESTER, SUITE 20		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City ST. LOUIS	State MO	Zip Code 63143
Purpose of Disbursement RUSS CARNAHAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MO District: 3	Debt Retirement Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SABO FOR CONGRESS</b>		<b>Transaction ID: SB23.46371</b> Date of Disbursement
Mailing Address PO BOX 14791		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City MINNEAPOLIS	State MN	Zip Code 55414
Purpose of Disbursement MARTIN O SABO	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 5	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 394 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. SANDERS FOR SENATE</b>		Transaction ID: SB23.46245 Date of Disbursement																					
Mailing Address PO BOX 391		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City BURLINGTON	State VT	Zip Code 05402	Amount of Each Disbursement this Period																				
Purpose of Disbursement BERNARD SANDERS		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VT	District:																						

Full Name (Last, First, Middle Initial) <b>B. SANDERS FOR SENATE</b>		Transaction ID: SB23.46247 Date of Disbursement																					
Mailing Address PO BOX 391		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City BURLINGTON	State VT	Zip Code 05402	Amount of Each Disbursement this Period																				
Purpose of Disbursement BERNARD SANDERS		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VT	District:																						

Full Name (Last, First, Middle Initial) <b>C. SANDERS FOR SENATE</b>		Transaction ID: SB23.46248 Date of Disbursement																					
Mailing Address PO BOX 391		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	5														
City BURLINGTON	State VT	Zip Code 05402	Amount of Each Disbursement this Period																				
Purpose of Disbursement BERNARD SANDERS		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VT	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 395 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. SCHAKOWSKY FOR CONGRESS</b>		Transaction ID: SB23.46324 Date of Disbursement																					
Mailing Address PO BOX 5130		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period																				
Purpose of Disbursement JAN SCHAKOWSKY		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 9																						

Full Name (Last, First, Middle Initial) <b>B. SCHIFF FOR CONGRESS</b>		Transaction ID: SB23.46275 Date of Disbursement																					
Mailing Address 150 EAST CORSON STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City PASADENA	State CA	Zip Code 91103	Amount of Each Disbursement this Period																				
Purpose of Disbursement ADAM SCHIFF		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 29																						

Full Name (Last, First, Middle Initial) <b>C. SCHWARTZ FOR CONGRESS</b>		Transaction ID: SB23.46432 Date of Disbursement																					
Mailing Address PO BOX 45706		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	5														
City PHILADELPHIA	State PA	Zip Code 19149	Amount of Each Disbursement this Period																				
Purpose of Disbursement ALLYSON SCHWARTZ		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 13																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 396 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. SEARCHLIGHT LEADERSHIP FUND</b>		Transaction ID: SB23.46303 Date of Disbursement
Mailing Address 2850 CONNECTICUT AVE 1ST FLOOR		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20008
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. SERRANO FOR CONGRESS</b>		Transaction ID: SB23.46405 Date of Disbursement
Mailing Address 421 NEW JERSEY AVENUE, SE		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement JOSE SERRANO	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 16		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. SERRANO FOR CONGRESS</b>		Transaction ID: SB23.46410 Date of Disbursement
Mailing Address 421 NEW JERSEY AVENUE, SE		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement JOSE SERRANO	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 16		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 397 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. SHEILA JACKSON LEE FOR CONGRESS</b>		Transaction ID: SB23.46447	
Mailing Address PO BOX 75214		Date of Disbursement 07 / 25 / 2005	
City WASHINGTON	State DC	Zip Code 20013-5214	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement SHEILA JACKSON LEE		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 18		

Full Name (Last, First, Middle Initial) <b>B. SHELLEY BERKLEY FOR CONGRESS</b>		Transaction ID: SB23.46398	
Mailing Address 7432 SILVER PALM COURT		Date of Disbursement 09 / 02 / 2005	
City LAS VEGAS	State NV	Zip Code 89117	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement SHELLEY BERKLEY		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV	District: 1		

Full Name (Last, First, Middle Initial) <b>C. SOUTHERN CALIFORNIA FUND</b>		Transaction ID: SB23.46296	
Mailing Address PO BOX 75214		Date of Disbursement 08 / 02 / 2005	
City WASHINGTON	State DC	Zip Code 20013-5214	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 398 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. STEPHANIE TUBBS-JONES FOR U.S. CONGRESS</b>		Transaction ID: SB23.46421 Date of Disbursement																					
Mailing Address 3729 SILSBY RD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	5	/	2	0	0	5														
City CLEVELAND HEIGHTS	State OH	Zip Code 44118	Amount of Each Disbursement this Period																				
Purpose of Disbursement STEPHANIE TUBBS JONES		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 11																						

Full Name (Last, First, Middle Initial) <b>B. STEVE ISRAEL FOR CONGRESS</b>		Transaction ID: SB23.46404 Date of Disbursement																					
Mailing Address 1966 DEER PARK AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	0	2	/	2	0	0	5														
City DEER PARK	State NY	Zip Code 11729	Amount of Each Disbursement this Period																				
Purpose of Disbursement STEVE ISRAEL		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 2																						

Full Name (Last, First, Middle Initial) <b>C. STEVE ROTHMAN FOR CONGRESS INC.</b>		Transaction ID: SB23.46392 Date of Disbursement																					
Mailing Address 38 IVY STREET, S.E.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	0	2	/	2	0	0	5														
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement STEVE ROTHMAN		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 9																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 399 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. STEVE ROTHMAN FOR CONGRESS INC.</b>		<b>Transaction ID: SB23.46393</b> Date of Disbursement
Mailing Address 38 IVY STREET, S.E.		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement STEVE ROTHMAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 9	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. STUPAK FOR CONGRESS</b>		<b>Transaction ID: SB23.46365</b> Date of Disbursement
Mailing Address 998 NORTH ROYAL ST		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement BART STUPAK	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. STUPAK FOR CONGRESS</b>		<b>Transaction ID: SB23.46366</b> Date of Disbursement
Mailing Address 998 NORTH ROYAL ST		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement BART STUPAK	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 400 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. STUPAK FOR CONGRESS</b>		Transaction ID: SB23.46367 Date of Disbursement																					
Mailing Address 998 NORTH ROYAL ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	5		2	0	0	5														
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BART STUPAK		Category/ Type	4000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI District: 1																							

Full Name (Last, First, Middle Initial) <b>B. TAMMY BALDWIN FOR CONGRESS</b>		Transaction ID: SB23.46464 Date of Disbursement																					
Mailing Address P O BOX 696		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	0	5														
City MADISON	State WI	Zip Code 53701	Amount of Each Disbursement this Period																				
Purpose of Disbursement TAMMY BALDWIN		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI District: 2																							

Full Name (Last, First, Middle Initial) <b>C. TIM BISHOP FOR CONGRESS</b>		Transaction ID: SB23.46413 Date of Disbursement																					
Mailing Address 6 E STREET, S.E.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TIMOTHY BISHOP		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY District: 01																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. UDALL FOR US ALL</b>		<b>Transaction ID: SB23.46246</b>	
Mailing Address P O BOX 208		Date of Disbursement 08 / 02 / 2005	
City SANTA FE	State NM	Zip Code 87504	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement TOM UDALL		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NM	District: 5		

Full Name (Last, First, Middle Initial) <b>B. UNITE OUR STATES PAC</b>		<b>Transaction ID: SB23.46302</b>	
Mailing Address 513 CAPITOL COURT E #100		Date of Disbursement 10 / 17 / 2005	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. VAN HOLLEN FOR CONGRESS</b>		<b>Transaction ID: SB23.46354</b>	
Mailing Address 3514 FARRAGUT AVENUE		Date of Disbursement 09 / 08 / 2005	
City KENSINGTON	State MD	Zip Code 20895	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CHRIS VAN HOLLEN		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 402 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. VAN HOLLEN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.46355 Date of Disbursement
Mailing Address 3514 FARRAGUT AVENUE		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City KENSINGTON	State MD	Zip Code 20895
Purpose of Disbursement CHRIS VAN HOLLEN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 08	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WOOLSEY FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46269 Date of Disbursement
Mailing Address PO BOX 750176		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City PETALUMA	State CA	Zip Code 94975
Purpose of Disbursement LYNN WOOLSEY	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 6	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WOOLSEY FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.46282 Date of Disbursement
Mailing Address PO BOX 750176		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City PETALUMA	State CA	Zip Code 94975
Purpose of Disbursement LYNN WOOLSEY	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 6	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)

**A. WYNN FOR CONGRESS**

Mailing Address 7003 DOGWOOD RD

City State Zip Code  
BALTIMORE MD 21244

Purpose of Disbursement  
ALBERT R WYNN

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MD District: 4

Transaction ID: SB23.46356

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 404 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. BURLINGTON COUNTY DEMOCRATIC</b>		<b>Transaction ID: SB29.46494</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. BOX 28		Amount of Each Disbursement this Period 5000.00
City MOUNT HOLLY State NJ Zip Code 08060	Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CAPE MAY COUNTY DEMOCRATIC</b>		<b>Transaction ID: SB29.46492</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. BOX 600		Amount of Each Disbursement this Period 15000.00
City SOUTH SEAVILLE State NJ Zip Code 08246	Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CUMBERLAND COUNTY DEMOCRATIC</b>		<b>Transaction ID: SB29.46498</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. BOX 812		Amount of Each Disbursement this Period 5000.00
City VINELAND State NJ Zip Code 08360	Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. LEIGH KEGERREIS</b>		<b>Transaction ID: SB29.46476</b> Date of Disbursement 11 / 21 / 2005
Mailing Address 13704 LAPLAISANCE RD.		Amount of Each Disbursement this Period 534.38
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB TEMP CAP COOR GAS/PARKNG	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NJ DEMOCRATIC STATE COMMITTEE</b>		<b>Transaction ID: SB29.46496</b> Date of Disbursement 12 / 15 / 2005
Mailing Address 196 WEST STATE ST., 3RD FLOOR		Amount of Each Disbursement this Period 25000.00
City TRENTON State NJ Zip Code 08608	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. OHIO STATE UAW PAC COUNCIL</b>		<b>Transaction ID: SB29.46474</b> Date of Disbursement 11 / 02 / 2005
Mailing Address 133 E. LIVINGSTON ROAD		Amount of Each Disbursement this Period 150000.00
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	175534.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE</b>		<b>Transaction ID:</b> SB29.62164 Date of Disbursement
Mailing Address 1341 WEST MOCKINGBIRD LANE STE 301		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City DALLAS	State TX	Zip Code 75247-6901
Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE</b>		<b>Transaction ID:</b> SB29.62165 Date of Disbursement
Mailing Address 1341 WEST MOCKINGBIRD LANE STE 301		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City DALLAS	State TX	Zip Code 75247-6901
Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE</b>		<b>Transaction ID:</b> SB29.46470 Date of Disbursement
Mailing Address 1341 W MOCKINGBIRD LN STE 310W		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City DALLAS	State TX	Zip Code 75247
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 407 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE</b>		<b>Transaction ID:</b> SB29.46473 Date of Disbursement
Mailing Address 1341 W MOCKINGBIRD LN STE 310W		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City DALLAS	State TX	Zip Code 75247
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UAW ILLINOIS POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB29.46469 Date of Disbursement
Mailing Address 2700 S, RIVER ROAD #200		<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City DES PLAINES	State IL	Zip Code 60018
Purpose of Disbursement REVERSE DEPOSIT ERROR CK#14731	<input type="text" value="150000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UAW LOCAL 1612</b>		<b>Transaction ID:</b> SB29.46482 Date of Disbursement
Mailing Address 1375 VIRGINIA DRIVE SUITE 202		<input type="text" value="12"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City FORT WASHINGTON	State PA	Zip Code 19034-3217
Purpose of Disbursement REIMB-WAGES - PATRICK ASHTON	<input type="text" value="10064.09"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="161564.09"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. UAW LOCAL 723</b>		<b>Transaction ID:</b> SB29.46479 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 281 DETROIT		Amount of Each Disbursement this Period 480.00
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB TEMP CAP COORDINATOR	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. UAW LOCAL 723</b>		<b>Transaction ID:</b> SB29.46480 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 281 DETROIT		Amount of Each Disbursement this Period 957.56
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB TEMP CAP COORDINATOR	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. UAW LOCAL 723</b>		<b>Transaction ID:</b> SB29.46483 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 281 DETROIT		Amount of Each Disbursement this Period 14748.18
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB LEIGH KEGERREIS-TEMP CAP	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16185.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. UAW LOCAL 723</b>		<b>Transaction ID: SB29.46484</b>	
Mailing Address 281 DETROIT		Date of Disbursement 12 / 06 / 2005	
City MONROE	State MI	Zip Code 48161	Amount of Each Disbursement this Period 1437.56
Purpose of Disbursement REIMB LEIGH KEGERREIS-TEMP CAP		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UAW LOCAL 723</b>		<b>Transaction ID: SB29.46485</b>	
Mailing Address 281 DETROIT		Date of Disbursement 12 / 06 / 2005	
City MONROE	State MI	Zip Code 48161	Amount of Each Disbursement this Period 1437.56
Purpose of Disbursement REIMB LEIGH KEGERREIS-TEMP CAP		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. UAW LOCAL 723</b>		<b>Transaction ID: SB29.46490</b>	
Mailing Address 281 DETROIT		Date of Disbursement 12 / 08 / 2005	
City MONROE	State MI	Zip Code 48161	Amount of Each Disbursement this Period 4312.68
Purpose of Disbursement REIMB LEIGH KEGERREIS-CAP COOR		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7187.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 410 / 423

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) <b>A. UAW REGION 3 VICTORY FUND</b>		<b>Transaction ID:</b> SB29.62166 Date of Disbursement
Mailing Address 5850 FORTUNE CIRCLE WEST		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2005"/>
City INDIANAPOLIS	State IN	Zip Code 46241
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="100000.00"/>

Full Name (Last, First, Middle Initial) <b>B. UAW REGION 3 VICTORY FUND</b>		<b>Transaction ID:</b> SB29.46477 Date of Disbursement
Mailing Address 5850 FORTUNE CIRCLE WEST		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City INDIANAPOLIS	State IN	Zip Code 46241
Purpose of Disbursement USE FOR ELECTIONS	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="200000.00"/>

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA STATE UAW PAC</b>		<b>Transaction ID:</b> SB29.46472 Date of Disbursement
Mailing Address 1005 NORTH POINT BLVD. #701		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City BALTIMORE	State MD	Zip Code 21224
Purpose of Disbursement BUDGET SUPPLEMENT	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="25000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="325000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="712472.01"/>

Image# 26960413215

Form/Schedule: **SA12** Erroneous deposit made to UAW V-CAP from UAW Illinois Political Action Committee on 9/8/05 reported on Line 12  
Transaction ID: **SA12.62156** as Transfers from Affiliated/Other Party Committees. It was caught by supervision and corrected immediately  
on 9/29/05 reported on Line 29 as an Other Disbursement.

Form/Schedule: **SB21B** This refers to the cost of preparing and mailing UAW Region 5 V-CAP individual receipts for donations to V-CAP.  
Transaction ID: **SB21B.45827** These contributions are directly to the separate segregated fund. This does not refer to any donations directly to federal candidates.

\*\*\*\*\*

Image# 26960413216

Form/Schedule: **SB21B** This refers to the cost of incentive (watch) offered to encourage UAW Region 5 members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45805**

Form/Schedule: **SB21B** This refers to the cost of incentive (watch) offered to encourage UAW Region 3 members and their families to donate to V-CAP.  
Transaction ID: **SB21B.46024**

\*\*\*\*\*

**Image# 26960413217**

Form/Schedule: **SB21B** This refers to the cost of food and refreshments provided at a meeting for V-CAP volunteers.

Transaction ID: **SB21B.45807**

Form/Schedule: **SB21B** This refers to the cost of incentive (jacket) offered to encourage UAW Region 2B members and their families to donate to V-CAP.

Transaction ID: **SB21B.45808**

\*\*\*\*\*

**Image# 26960413218**

Form/Schedule: **SB21B** this refers to the cost of incentive (jacket) offered to encourage UAW Region 2B members and their families to donate to V-CAP.  
Transaction ID: **SB21B.46229**

Form/Schedule: **SB21B** This refers to the cost of incentive (afghan) offered to encourage UAW Region 2B members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45806**

\*\*\*\*\*

**Image# 26960413219**

Form/Schedule: **SB21B** This refers to the cost of incentive (fleece jacket) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45812**

Form/Schedule: **SB21B** This refers to the cost of incentive (afghan) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45816**

\*\*\*\*\*

Image# 26960413220

Form/Schedule: **SB21B** This refers to the cost of incentive (garment bag) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45828**

Form/Schedule: **SB21B** This refers to the cost of incentive (garment bag) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45828**

\*\*\*\*\*



**Image# 26960413221**

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45827**

Form/Schedule: **SB21B** This refers to the cost of incentive (watch) offered to encourage UAW Region 1D members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45828**

\*\*\*\*\*

Image# 26960413222

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.46025**

Form/Schedule: **SB21B** This refers to the cost of incentive (fleece jacket) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.46026**

\*\*\*\*\*

**Image# 26960413223**

Form/Schedule: **SB21B** This refers to the cost of incentive (fleece jacket) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.46029**

Form/Schedule: **SB21B** This refers to the cost of incentive (electronic devices) offered to encourage UAW Region 1 membes and their families to donate to V-CAP.  
Transaction ID: **SB21B.45815**

\*\*\*\*\*

Image# 26960413224

Form/Schedule: **SB21B** This refers to the cost of incentive (Vacation) offered to encourage UAW Region 1A members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45818**

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 2B members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45810**

\*\*\*\*\*

Image# 26960413225

Form/Schedule: **SB21B** This refers to the cost of incentive (ring) offered to encourage UAW Region 2B members and their families to donate to V-CAP.  
Transaction ID: **SB21B.45813**

Form/Schedule: **SB21B** This refers to the cost of incentive (ring) offered to encourage UAW Region 2B membes and their families to donate to V-CAP.  
Transaction ID: **SB21B.46023**

\*\*\*\*\*

**Image# 26960413226**

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 2B embers and their families to donate to V-CAP.  
Transaction ID: **SB21B.46231**

Form/Schedule: **SB21B** This refers tot he cost of incentive (pin) offered to encourage UAW Region 1D members and their families to donate to V-CAP.  
Transaction ID: **SB21B.46027**

\*\*\*\*\*

Image# 26960413227

Form/Schedule: **SB23** PRIMARY DEBT RETIREMENT

Transaction ID: **SB23.46377**

Form/Schedule: **SB29** Erroneous deposit made to UAW V-CAP from UAW Illinois Political Action Committee on 9/8/05 reported on Line 12  
Transaction ID: **SB29.46469** as Transfers from Affiliated/Other Party Committees. It was caught by supervision and corrected immediately  
on 9/29/05 reported on Line 29 as an Other Disbursement.

\*\*\*\*\*