

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street) ▼

8000 EAST JEFFERSON

☐ Check if different than previously reported. (ACC)

DETROIT

MI

48214

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00002840

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

06

2012

in the State of

MI

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2012

through

10

17

2012

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 DENNIS D. WILLIAMS

Signature of Treasurer

DENNIS D. WILLIAMS

[Electronically Filed]

Date

10

25

2012

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

|                                                                                                                                                                               | COLUMN A<br>This Period                                                | COLUMN B<br>Calendar Year-to-Date                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2012</span> |                                                                        | <span style="border: 1px solid black; padding: 2px;">5620226.80</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | <span style="border: 1px solid black; padding: 2px;">6350862.92</span> |                                                                        |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | <span style="border: 1px solid black; padding: 2px;">4273.69</span>    | <span style="border: 1px solid black; padding: 2px;">3419492.68</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | <span style="border: 1px solid black; padding: 2px;">6355136.61</span> | <span style="border: 1px solid black; padding: 2px;">9039719.48</span> |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                   | <span style="border: 1px solid black; padding: 2px;">745316.26</span>  | <span style="border: 1px solid black; padding: 2px;">3429899.13</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                     | <span style="border: 1px solid black; padding: 2px;">5609820.35</span> | <span style="border: 1px solid black; padding: 2px;">5609820.35</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | <span style="border: 1px solid black; padding: 2px;">0.00</span>       |                                                                        |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                              | <span style="border: 1px solid black; padding: 2px;">0.00</span>       |                                                                        |

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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 10 01 2012

To:

 M M / D D / Y Y Y Y Y  
 10 17 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

230.80

66602.60

(ii) Unitemized .....

4042.89

3341330.29

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4273.69

3407932.89

(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) .....

4273.69

3407932.89

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

8500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

3059.79

## 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 Transfers (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))..... ▶

4273.69

3419492.68

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

4273.69

3419492.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated 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 .....                                                 | 41532.68                      | 651177.67                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 41532.68                      | 651177.67                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 250000.00                     | 561067.00                         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 60500.00                      | 1326450.00                        |
| 24. Independent Expenditures (use Schedule E) .....                                            | 18283.58                      | 61454.46                          |
| 25. Coordinated Party Expenditures (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 .....                                                                  | 375000.00                     | 829750.00                         |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |                               |                                   |
| (a) Allocated 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)) ..      | 745316.26                     | 3429899.13                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 745316.26                     | 3429899.13                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 4273.69                       | 3407932.89                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 4273.69                       | 3407932.89                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 41532.68                      | 651177.67                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 41532.68                      | 651177.67                         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BRIAN BABCOCK**

Mailing Address 319 MICHIGAN ST.

City  
PORTER

State Zip Code  
IN 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 ▼

484.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 16 2012

Transaction ID : SA11AI.126702

Amount of Each Receipt this Period

230.80

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

230.80

230.80

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

PAGE 7 OF 27

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ABC MAILING INC.**Mailing Address 1725 E. 14 MILE  
SUITE 120

City TROY State MI Zip Code 48083-4600

Purpose of Disbursement  
MEET THE CANDIDATES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.126829**

Amount of Each Disbursement this Period

3501.33

Full Name (Last, First, Middle Initial)

**B. AT&T MOBILITY**

Mailing Address PO BOX 9004

City CAROL STREAM State IL Zip Code 60197-9004

Purpose of Disbursement  
CAMPAIGN PHONES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.126853**

Amount of Each Disbursement this Period

2136.14

Full Name (Last, First, Middle Initial)

**C. MONA COPELAND**

Mailing Address 20331 BEACONSFIELD

City HARPER WOODS State MI Zip Code 48225

Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.126833**

Amount of Each Disbursement this Period

1627.30

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

7264.77

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

A diagram of a rectangular frame structure. It consists of 12 vertical members and 2 horizontal members (top and bottom). The members are connected at their ends. A cross-section of a member is shown, indicating its width and the location of the neutral axis.



|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

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

### A. EFTPS

Three 7-segment displays showing the date 10/05/2012 in MM/DD/YYYY format.

Category/  
Type

State:  District:

## B. EVENTS 2000

Category/  
Type

3785.00

State:  District:

**C. GARY HOLMES**

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '05' for the day, and the third shows '2012' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Category/  
Type

1855.91

State:  District:

5920.91

[illegible]

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

PAGE 10 OF 27

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

**A. MIA HOOPER**

Mailing Address 8827 MARYGROVE DRIVE

City  
DETROITState  
MIZip Code  
48221Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

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

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

**Transaction ID : SB21B.126835**

Amount of Each Disbursement this Period

|         |
|---------|
| 1671.38 |
|---------|

Full Name (Last, First, Middle Initial)

**B. PHINIS HUNDLEY**

Mailing Address 3576 BARDSTOWN RD.

City  
HODGENVILLEState  
KYZip Code  
42748-9314Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

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

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

**Transaction ID : SB21B.126839**

Amount of Each Disbursement this Period

|         |
|---------|
| 1492.29 |
|---------|

Full Name (Last, First, Middle Initial)

**C. IMPRESSIONS SPECIALITY ADVERTISING**

Mailing Address 8914 S. TELEGRAPH ROAD

City  
TAYLORState  
MIZip Code  
48180Purpose of Disbursement  
Buttons

Candidate Name

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

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2012        |

**Transaction ID : SB21B.126892**

Amount of Each Disbursement this Period

|         |
|---------|
| 6447.10 |
|---------|

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

|         |
|---------|
| 9610.77 |
|---------|

|  |
|--|
|  |
|--|

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB21B**

Transaction ID : **SB21B.126892**

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

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SAMUEL LATHEM**

Date of Disbursement

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

Mailing Address 1005 NORTH POINT BLVD.  
SUITE 701

City BALTIMORE State MD Zip Code 21224

Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

Category/  
Type**Transaction ID : SB21B.126850**

Amount of Each Disbursement this Period

1565.50

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

State: District:

Full Name (Last, First, Middle Initial)

**B. BONNIE LAURIA**

Date of Disbursement

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

Mailing Address 3913 AMES ROAD

City WEST BRANCH State MI Zip Code 48661

Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

Category/  
Type**Transaction ID : SB21B.126838**

Amount of Each Disbursement this Period

2109.70

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

State: District:

Full Name (Last, First, Middle Initial)

**C. CHARLES MC DONALD**

Date of Disbursement

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

Mailing Address 17531 OAKDALE ROAD

City ATHENS State AL Zip Code 35613

Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

Category/  
Type**Transaction ID : SB21B.126843**

Amount of Each Disbursement this Period

1991.55

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

State: District:

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

5666.75

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

PAGE 13 OF 27

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHN MORRIS**

Mailing Address 1116 SOUTHWINDS DRIVE

City PORT ORANGE      State FL      Zip Code 32129

Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2012
**Transaction ID : SB21B.126841**

Amount of Each Disbursement this Period

2188.98

Full Name (Last, First, Middle Initial)

**B. LYNN NELSON**

Mailing Address 125 SUNNYSIDE LANE

City COLUMBIA      State TN      Zip Code 38401

Purpose of Disbursement  
2012 CONV MEETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2012
**Transaction ID : SB21B.126849**

Amount of Each Disbursement this Period

2339.30

Full Name (Last, First, Middle Initial)

**C. PEXCO PACKAGING CORPORATION**

Mailing Address 795 BERDAN AVE.

City TOLEDO      State OH      Zip Code 43612

Purpose of Disbursement  
SEE MEMO TEXT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2012
**Transaction ID : SB21B.126891**

Amount of Each Disbursement this Period

-9700.00

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

-5171.72

**FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION****Form/Schedule: SB21B****Transaction ID : SB21B.126891**

This disbursement was previously reported as an operating expenditure on the 3rd Quarter Report filed on 10/15/12 for pre-payment of an independent expenditure that was not disseminated until a subsequent period. This amount is reported on Schedule E in the current reporting period as an independent expenditure and on Line 21(b) as a negative operating expenditure.

**Form/Schedule:****Transaction ID:**

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

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

### A. LOUIS ROCHA

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '05' with 'D' indicators above it. The third display shows '2012' with 'Y' indicators above it.

Category/  
Type

1605.18

State:  District:

### B. RANDY SCHMIDT

Category/  
Type

1621.70

State:  District:

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '05' for the day, and the third shows '2012' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

C. JUDY STYER

Category/  
Type

1000.00

State:  District:

4226.88

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

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

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M' and shows the number '10'. The second display is labeled 'D' and shows the number '05'. The third display is labeled 'Y' and shows the year '2012'. The displays are arranged horizontally and separated by slashes.

Category/  
Type

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

1955.75

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '05' with 'D' indicators above it. The third display shows '2012' with 'Y' indicators above it.

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

2500.00

Category/  
Type

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

4455.75

36012.68



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

PAGE 17 OF 27

|                              |                                        |                              |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

**A. UAW MICHIGAN V-PAC**

Mailing Address 8000 E. JEFFERSON

City  
DETROITState  
MIZip Code  
48214Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

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

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2012        |

**Transaction ID : SB22.126854**

Amount of Each Disbursement this Period

|           |
|-----------|
| 250000.00 |
|-----------|

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|           |
|-----------|
| 250000.00 |
|-----------|

|           |
|-----------|
| 250000.00 |
|-----------|

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

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

### A. 21ST CENTURY FUND

Date of Disbursement

Transaction ID : SB23.126859

Amount of Each Disbursement this Period

Category/  
Type

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

2500.00

Full Name (Last, First, Middle Initial)

## B. 21ST CENTURY FUND

Date of Disbursement

Transaction ID : SB23.126860

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

### C. 21ST CENTURY FUND

Date of Disbursement

Transaction ID : SB23.126864

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

2500.00

---

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

10000.00

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

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

PAGE 19 OF 27

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. BOB BRADY FOR CONGRESS**

Mailing Address P O BOX 22471

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| PHILADELPHIA | PA    | 19110-2471 |

Purpose of Disbursement  
BOB BRADY

Candidate Name

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: PA District: 01

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

**Transaction ID : SB23.126869**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. CURSON FOR CONGRESS**

Mailing Address 14094 WINDING POND LANE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| BELLEVILLE | MI    | 48111    |

Purpose of Disbursement  
DAVID CURSON

Candidate Name

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: MI District: 11

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2012        |

**Transaction ID : SB23.126861**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. DAN LAMB FOR CONGRESS**

Mailing Address PO BOX 5721

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| CORTLAND | NY    | 13045    |

Purpose of Disbursement  
DAN LAMB

Candidate Name

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: NY District: 22

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

**Transaction ID : SB23.126866**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

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

|          |
|----------|
| 13000.00 |
|----------|

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

PAGE 20 OF 27

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. DAUGHERTY FOR CONGRESS**

Mailing Address PO BOX 58

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| SCHNECKSVILLE | PA    | 18078    |

Purpose of Disbursement  
RICK DAUGHERTY

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 10    |   | 2012        |

Transaction ID : SB23.126870

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. DAUGHERTY FOR CONGRESS**

Mailing Address PO BOX 58

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| SCHNECKSVILLE | PA    | 18078    |

Purpose of Disbursement  
VOIDED CONTRIBUTION CK#32867 DTD 9/5/12

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 10    |   | 2012        |

Transaction ID : SB23.126890

Amount of Each Disbursement this Period

|          |
|----------|
| -5000.00 |
|----------|

Full Name (Last, First, Middle Initial)

**C. MARK CRITZ FOR CONGRESS COMMITTEE**

Mailing Address 647 MAIN STREET, SUITE #110

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| JOHNSTOWN | PA    | 15901    |

Purpose of Disbursement  
MARK CRITZ

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 12

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

Transaction ID : SB23.126868

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

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

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

|         |
|---------|
| 5000.00 |
|---------|

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

PAGE 21 OF 27

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. NEUHARDT FOR CONGRESS**

Mailing Address PO BOX 2430

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| SPRINGFIELD | OH    | 45501    |

Purpose of Disbursement  
SHAREN NEUHARDT

Candidate Name

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |
| State: OH      | District: 10                               |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2012        |

**Transaction ID : SB23.126867**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| LONG BRANCH | NJ    | 07740    |

Purpose of Disbursement  
FRANK PALLONE

Candidate Name

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |
| State: NJ      | District: 06                               |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

**Transaction ID : SB23.126865**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. SNOW FOR CONGRESS**

Mailing Address PO BOX 1775

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| TARPON SPRINGS | FL    | 34688    |

Purpose of Disbursement  
JONATHAN SNOW

Candidate Name

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |
| State: FL      | District: 12                               |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2012        |

**Transaction ID : SB23.126856**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

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

|          |
|----------|
| 15000.00 |
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 27

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. STEVE REILLY CONGRESS**

Mailing Address PO BOX 753

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| LAWRENCEVILLE | GA    | 30046    |

Purpose of Disbursement  
STEVE REILLY

Candidate Name

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |
| State: GA      | District: 07                               |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2012        |

**Transaction ID : SB23.126858**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. TAJ FOR CONGRESS**

Mailing Address PO BOX 871807

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| CANTON | MI    | 48187    |

Purpose of Disbursement  
SYED TAJ

Candidate Name

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |
| State: MI      | District: 11                               |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2012        |

**Transaction ID : SB23.126863**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. U.S. ACTION**

Mailing Address 1825 K STREET, NW, SUITE 210

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| WASHINGTON | DC    | 20006    |

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |
| State:         | District:                          |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

**Transaction ID : SB23.126888**

Amount of Each Disbursement this Period

|          |
|----------|
| 10000.00 |
|----------|

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

|          |
|----------|
| 17500.00 |
|----------|

|          |
|----------|
| 60500.00 |
|----------|

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

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

### A. 21ST CENTURY FUND

Transaction ID : SB29.126871

Amount of Each Disbursement this Period

Category/  
Type

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

300000.00

## B. CITIZENS FOR BEISER



10 / 05 / 2012

Transaction ID : SB29.126883

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

5000.00

### C. DEMOCRATIC MAJORITY

Transaction ID : SB29.126885

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

25000.00

330000.00

[illegible]

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

PAGE 24 OF 27

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**A. DEMOCRATIC PARTY OF ILLINOIS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

Mailing Address PO BOX 176

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| CRETE | IL    | 60417    |

**Transaction ID : SB29.126879**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

25000.00

|                |                                    |
|----------------|------------------------------------|
| 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. FRIENDS OF DEBORAH CONROY**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

Mailing Address 221 EAST ST. CHARLES RD  
STE B

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| VILLA PARK | IL    | 60181    |

**Transaction ID : SB29.126881**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |      |                                            |                                             |
|-------------------|------|--------------------------------------------|---------------------------------------------|
| Disbursement For: | 2012 | <input type="checkbox"/> Primary           | <input checked="" type="checkbox"/> General |
|                   |      | <input type="checkbox"/> Other (specify) ▼ |                                             |

State: District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARTY MOYLAN FOR STATE REP**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

Mailing Address 1659 E. OAKTON ST.

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| DES PLAINES | IL    | 60018    |

**Transaction ID : SB29.126873**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |      |                                            |                                             |
|-------------------|------|--------------------------------------------|---------------------------------------------|
| Disbursement For: | 2012 | <input type="checkbox"/> Primary           | <input checked="" type="checkbox"/> General |
|                   |      | <input type="checkbox"/> Other (specify) ▼ |                                             |

State: District:

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

35000.00



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

PAGE 25 OF 27

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**A. FRIENDS OF STEPHANIE KIFOWIT**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

Mailing Address 1669 MONTGOMERY RD., STE. 7

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| AURORA | IL    | 60507    |

**Transaction ID : SB29.126877**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: District:

Full Name (Last, First, Middle Initial)

**B. FRIENDS TO ELECT KATHLEEN WILLIS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2012        |

Mailing Address 1329 W. IRVING PARK RD.,  
STE 302

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| BENSENVILLE | IL    | 60106    |

**Transaction ID : SB29.126875**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

State: District:

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

10000.00

375000.00

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

 PAGE 26 OF 27  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                  |  |                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)</b>                                                                                                                                                                     |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00002840         </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>IMPRESSIONS SPECIALITY ADVERTISING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> </div> |
| Mailing Address <b>8914 S. TELEGRAPH ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">10</span> / <span style="border: 1px solid black; padding: 0 5px;">15</span> / <span style="border: 1px solid black; padding: 0 5px;">2012</span> </div>        |
| City<br><b>TAYLOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br><b>MI</b>                                                                                             | Zip Code<br><b>48180</b>                                                                                                                                                                                                                                                                                     |
| Purpose of Expenditure<br><b>BUMPER STICKERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>006</b> </div> | Transaction ID : <b>SE.126683</b>                                                                                                                                                                                                                                                                            |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>BARACK OBAMA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                        |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> </div> |                                                                                                                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>IMPRESSIONS SPECIALITY ADVERTISING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> </div> |
| Mailing Address <b>8914 S. TELEGRAPH ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">10</span> / <span style="border: 1px solid black; padding: 0 5px;">15</span> / <span style="border: 1px solid black; padding: 0 5px;">2012</span> </div>        |
| City<br><b>TAYLOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br><b>MI</b>                                                                                             | Zip Code<br><b>48180</b>                                                                                                                                                                                                                                                                                     |
| Purpose of Expenditure<br><b>BUTTONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>006</b> </div> | Transaction ID : <b>SE.126684</b>                                                                                                                                                                                                                                                                            |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>BARACK OBAMA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                        |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> </div> |                                                                                                                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>                                                                        |

|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> </div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div> |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div> |

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

DENNIS D. WILLIAMS

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y

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

 PAGE 27 OF 27  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)</b>                                                                                                                                                                                                                                     | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00002840         </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div> |                                                                                                                              |

|                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>PEXCO PACKAGING CORPORATION</b>                                                                                |                                                                                                                        | Date<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>                    |
| Mailing Address 795 BERDAN AVE.                                                                                                                                       |                                                                                                                        | <div style="display: inline-block; border: 1px solid black; padding: 2px;">           10 / 09 / 2012         </div>                                         |
| City TOLEDO State OH Zip Code 43612                                                                                                                                   | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">           9700.00         </div> |                                                                                                                                                             |
| Purpose of Expenditure<br>LAWN SIGNS                                                                                                                                  | Category/Type<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">         006       </div>  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>BARACK OBAMA                                                                                        |                                                                                                                        | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                      |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">           55899.88         </div> |                                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____       |

Transaction ID : SE.126614

|                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>UNLIMITED GRAPHICS, INC.</b>                                                                                   |                                                                                                                        | Date<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>                    |
| Mailing Address PO BOX 10                                                                                                                                             |                                                                                                                        | <div style="display: inline-block; border: 1px solid black; padding: 2px;">           10 / 08 / 2012         </div>                                         |
| City LA CENTER State KY Zip Code 42056                                                                                                                                | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">           3029.00         </div> |                                                                                                                                                             |
| Purpose of Expenditure<br>SIGNS                                                                                                                                       | Category/Type<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">         006       </div>  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>BARACK OBAMA                                                                                        |                                                                                                                        | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                      |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">           46199.88         </div> |                                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____       |

Transaction ID : SE.126582

|                                                                  |                                                                                                           |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="display: inline-block; border: 1px solid black; padding: 2px;">         12729.00       </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="display: inline-block; border: 1px solid black; padding: 2px;">         18283.58       </div> |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="display: inline-block; border: 1px solid black; padding: 2px;">         18283.58       </div> |

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

DENNIS D. WILLIAMS

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y