

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

ADDRESS (number and street)   
Check if different than previously reported. (ACC)   
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  10 / 18 / 2012 through  11 / 26 / 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  06 / 28 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value=""/>	<input type="text" value="5620226.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5600615.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="690829.40"/>	<input type="text" value="4110322.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="6291445.38"/>	<input type="text" value="9730548.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="714417.72"/>	<input type="text" value="4153521.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5577027.66"/>	<input type="text" value="5577027.66"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="9204.37"/>	

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)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

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).....	8457.02	75059.62
(ii) Unitemized .....	582121.32	3923451.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	590578.34	3998511.23
(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) .....	590578.34	3998511.23
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.....	100000.00	108500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	251.06	3310.85
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))..... ▶	690829.40	4110322.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	690829.40	4110322.08

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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 .....	58730.62	709908.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	58730.62	709908.29
22. Transfers to Affiliated/Other Party Committees.....	35000.00	596067.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	300500.00	1626950.00
24. Independent Expenditures (use Schedule E) .....	6447.10	77105.93
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 .....	313740.00	1143490.00
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)) ..	714417.72	4153521.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	714417.72	4153521.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	590578.34	3998511.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	590578.34	3998511.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	58730.62	709908.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	58730.62	709908.29

**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 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. RICHARD W ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3902 SENECA AVE  
 City LOS ANGELES State CA Zip Code 90039-1639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAW Local 4123 Occupation Local 4123 Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 11 / 08 / 2012  
**Transaction ID : SA11Al.127214**  
 Amount of Each Receipt this Period 69.24

**B. LAURA AUSTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30020 26TH PL S  
 City FEDERAL WAY State WA Zip Code 98003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2012  
**Transaction ID : SA11Al.127032**  
 Amount of Each Receipt this Period 250.00

**C. LAURA AUSTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30020 26TH PL S  
 City FEDERAL WAY State WA Zip Code 98003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 31 / 2012  
**Transaction ID : SA11Al.127033**  
 Amount of Each Receipt this Period 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	344.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2231 AMOSLAND RD APT A

City HOLMES State PA Zip Code 19043

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

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : SA11Al.127193**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 874 N BURNS RD

City ESSEXVILLE State MI Zip Code 48732-9779

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11Al.127439**

Amount of Each Receipt this Period  
 20.00

**C. JENNIFER BERHENDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1121 ROOSEVELT ST

City WATERLOO State IA Zip Code 50707

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

Name of Employer DEERE & CO Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11Al.127198**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RANDALL BLAND</b>		Date of Receipt
Mailing Address 1721 E 2ND STREET		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
TRENTON	MO	64683
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.126978</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="252.00"/>
Name of Employer	Occupation	
LEAR CORPORATION	FACTORY WORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="468.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM J BROWN</b>		Date of Receipt
Mailing Address P.O. BOX 352		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
RUTHERFORD	TN	38369-0352
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.127197</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	
GENERAL MOTORS CORPORATION	FACTORY WORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="315.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JERRY BUTLER</b>		Date of Receipt
Mailing Address 20540 BENTLER CT		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
DETROIT	MI	48219-1268
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.127435</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
Name of Employer	Occupation	
	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="612.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JORGE CABRERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5914 FOOTHILL DR

City	State	Zip Code
LOS ANGELES	CA	90068

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

Name of Employer	Occupation
CALIFORNIA (UNIVERSITY OF)	CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2012

**Transaction ID : SA11Al.127150**

Amount of Each Receipt this Period  

35.00
-------

**B. TERESA CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1604 GREENLEAVES DR.

City	State	Zip Code
JEFFERSONVILLE	IN	47130

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

Name of Employer	Occupation
FORD MOTOR COMPANY	FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

**Transaction ID : SA11Al.127242**

Amount of Each Receipt this Period  

300.00
--------

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

Mailing Address 4351 POST RAIL LN

City	State	Zip Code
FRANKLIN	OH	45005-4950

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

Name of Employer	Occupation
PHILIP MORRIS	FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2012

**Transaction ID : SA11Al.127120**

Amount of Each Receipt this Period  

75.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>410.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 300 WATER ST

City LYONS State MI Zip Code 48851

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 22 / 2012**

**Transaction ID : SA11AI.127050**

Amount of Each Receipt this Period  
**35.00**

**B. ALEXANDER CHEW**  
Full Name (Last, First, Middle Initial)

Mailing Address 3644 MERIDIAN AVE N

City SEATTLE State WA Zip Code 98103

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11AI.127274**

Amount of Each Receipt this Period  
**225.00**

**C. ALEXANDER CHEW**  
Full Name (Last, First, Middle Initial)

Mailing Address 3644 MERIDIAN AVE N

City SEATTLE State WA Zip Code 98103

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11AI.127164**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **285.00**

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

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

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

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

**A. JAMES R CHILDRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 892 HAMILTON RD  
City BROOKSVILLE State KY Zip Code 41004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.126990**  
Amount of Each Receipt this Period 50.00

**B. ZANE CONNERLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 WOODRIDGE LANE  
City BEDFORD State IN Zip Code 47421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.127151**  
Amount of Each Receipt this Period 5.00

**C. ZANE CONNERLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 WOODRIDGE LANE  
City BEDFORD State IN Zip Code 47421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 23 / 2012  
**Transaction ID : SA11AI.127052**  
Amount of Each Receipt this Period 5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

Full Name (Last, First, Middle Initial) <b>A. JAMES T CORNWELL</b>		Date of Receipt
Mailing Address 5165 MAUD HUGHES RD		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
LIBERTY TWP	OH	45044-9109
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.127102</b>
Name of Employer MILLER BREWING COMPANY		Amount of Each Receipt this Period
Occupation FACTORY WORKER		<input type="text" value="37.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JACQUELYN C COUCH</b>		Date of Receipt
Mailing Address 943 FOX CROFT PL		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
TRENTON	OH	45067-9582
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.127188</b>
Name of Employer PHILLIP MORRIS		Amount of Each Receipt this Period
Occupation FACTORY WORKER		<input type="text" value="34.65"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="231.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOHN COYNE</b>		Date of Receipt
Mailing Address 3802 STAR ISLAND DRIVE		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
HOLIDAY	FL	34691
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.126944</b>
Name of Employer		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="372.15"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. JEFFREY M DAILEY**

Mailing Address 19 COLONY WAY

City State Zip Code  
GAS CITY IN 46933

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.127146**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. GORDON E DEANE**

Mailing Address 8 S MAIN AVE

City State Zip Code  
ALBANY NY 12208-2618

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

Name of Employer Occupation  
LEGAL SERVICES FOR NEW YORK CLERICAL WORKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.126993**

Amount of Each Receipt this Period  
360.00

Full Name (Last, First, Middle Initial)  
**C. GENE DENNIS**

Mailing Address 1100 NE 47TH STREET  
APT 413

City State Zip Code  
SEATTLE WA 98105

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

Name of Employer Occupation  
WASHINGTON (UNIVERSITY OF) CLERICAL WORKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.50

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.126980**

Amount of Each Receipt this Period  
25.00

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

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. LINDA FRANCIS</b>		Date of Receipt
Mailing Address <b>PO BOX 7770</b>		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City <b>FLINT</b>	State <b>MI</b>	Zip Code <b>48507-0770</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.127232</b>
Name of Employer <b>GENERAL MOTORS CORPORATION</b>		Amount of Each Receipt this Period
Occupation <b>FACTORY WORKER</b>		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="640.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LINDA FRANCIS</b>		Date of Receipt
Mailing Address <b>PO BOX 7770</b>		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City <b>FLINT</b>	State <b>MI</b>	Zip Code <b>48507-0770</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.126988</b>
Name of Employer <b>GENERAL MOTORS CORPORATION</b>		Amount of Each Receipt this Period
Occupation <b>FACTORY WORKER</b>		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="665.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MARY FRIEDLANDER</b>		Date of Receipt
Mailing Address <b>718 MARK AVENUE</b>		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City <b>HAMILTON</b>	State <b>OH</b>	Zip Code <b>45013-1739</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.127202</b>
Name of Employer <b>PHILIP MORRIS</b>		Amount of Each Receipt this Period
Occupation <b>FACTORY WORKER</b>		<input type="text" value="36.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="86.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

Full Name (Last, First, Middle Initial) <b>A. PETER FULLERTON</b>		Date of Receipt
Mailing Address 563 WILLIAMS AVE		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
BROOKLYN	NY	11207-6250
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.126957</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
UAW LOCAL 365	LOCAL UNION STAFF	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JERRY D GRAY</b>		Date of Receipt
Mailing Address PO BOX 723		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
SCOTTSVILLE	TX	75688-0723
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.127166</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID GREEN</b>		Date of Receipt
Mailing Address 132 GREEN BAY DR.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
BOARDMAN	OH	44512-6235
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.126984</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
GENERAL MOTORS CORPORATION	FACTORY WORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

**A. Philip Harding**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7411 Palo Verde Rd  
 City Irvine State CA Zip Code 92617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF CALIFORNIA Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012  
**Transaction ID : SA11Al.127221**  
 Amount of Each Receipt this Period  
**325.00**

**B. Philip Harding**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7411 Palo Verde Rd  
 City Irvine State CA Zip Code 92617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF CALIFORNIA Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : SA11Al.127272**  
 Amount of Each Receipt this Period  
**25.00**

**C. ALLEN HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5413 JACKSON ST  
 City INDIANAPOLIS State IN Zip Code 46241-1221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11Al.126933**  
 Amount of Each Receipt this Period  
**240.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>590.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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

**A. KELLY HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 484 LOVELAND BRANCH HILL

City LOVELAND State OH Zip Code 45140

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

Name of Employer PHILIP MORRIS Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : SA11Al.127060**

Amount of Each Receipt this Period  
 39.00

**B. RONALD HENDRIX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1022 JUSTUS DRIVE

City JOHNSON CITY State TN Zip Code 37604

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

Name of Employer REXROTH CORP. Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : SA11Al.127262**

Amount of Each Receipt this Period  
 300.00

**C. GLEN HENSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4140 HENSLEY TRAIL

City COOKEVILLE State TN Zip Code 38501-7865

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

Name of Employer CUMMINS INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : SA11Al.127157**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 464.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN HERING**  
Full Name (Last, First, Middle Initial)

Mailing Address 4608 11TH AVE

City SACRAMENTO	State CA	Zip Code 95820
--------------------	-------------	-------------------

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

Name of Employer UAW LOCAL 4123	Occupation LOCAL 4123 STAFF
------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2012

**Transaction ID : SA11Al.127215**

Amount of Each Receipt this Period  
55.38

**B. GARY HOLMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2320 S. TIBBS AVE.

City INDIANAPOLIS	State IN	Zip Code 46241
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11Al.126945**

Amount of Each Receipt this Period  
285.00

**C. JOHN HOLUB**  
Full Name (Last, First, Middle Initial)

Mailing Address 14911 HARMAN ROAD

City FRANKLIN	State OH	Zip Code 45005-5011
------------------	-------------	------------------------

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

Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2012

**Transaction ID : SA11Al.126913**

Amount of Each Receipt this Period  
37.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	377.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. EVETTE JASPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 725 E PIKE ST.  
APT. 311

City SEATTLE State WA Zip Code 98122

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
10 / 30 / 2012  
**Transaction ID : SA11Al.126943**

Amount of Each Receipt this Period  
325.00

**B. EVETTE JASPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 725 E PIKE ST.  
APT. 311

City SEATTLE State WA Zip Code 98122

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt  
10 / 31 / 2012  
**Transaction ID : SA11Al.126911**

Amount of Each Receipt this Period  
12.50

**C. HOLLIS JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 FINCHER ROAD

City COVINGTON State GA Zip Code 30016

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

Name of Employer NAVISTAR INTERNATIONAL CORP Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
11 / 21 / 2012  
**Transaction ID : SA11Al.127059**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 637.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. NORAH L JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2505 TAFT AVE SW

City GRAND RAPIDS State MI Zip Code 49509-2265

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
10 / 22 / 2012  
Transaction ID : SA11AI.127126

Amount of Each Receipt this Period  
30.00

**B. SCOTT KINCAID**  
Full Name (Last, First, Middle Initial)

Mailing Address 349 BEDE ST

City FLINT State MI Zip Code 48507-2614

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
10 / 22 / 2012  
Transaction ID : SA11AI.127133

Amount of Each Receipt this Period  
40.00

**C. SCOTT KINCAID**  
Full Name (Last, First, Middle Initial)

Mailing Address 349 BEDE ST

City FLINT State MI Zip Code 48507-2614

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
10 / 23 / 2012  
Transaction ID : SA11AI.127239

Amount of Each Receipt this Period  
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICK KLINGENBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 11605 LIV 224

City CHILLICOTHE State MO Zip Code 64601

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 ▼ 432.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2012  
**Transaction ID : SA11Al.127083**

Amount of Each Receipt this Period  
 216.00

**B. STEVE KOPSHO**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 291

City BEDFORD State IN Zip Code 47421

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11Al.127012**

Amount of Each Receipt this Period  
 10.00

**C. STEVE KOPSHO**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 291

City BEDFORD State IN Zip Code 47421

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11Al.127013**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 236.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2060 DUNWOODIE ST

City ORTONVILLE State MI Zip Code 48462-8556

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11Al.127277**

Amount of Each Receipt this Period  
 60.00

**B. GRADY LEMOINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 THORNDYKE AVE W  
APT 302

City SEATTLE State WA Zip Code 98199

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2012  
**Transaction ID : SA11Al.127105**

Amount of Each Receipt this Period  
 287.50

**C. GRADY LEMOINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 THORNDYKE AVE W  
APT 302

City SEATTLE State WA Zip Code 98199

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : SA11Al.126997**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 372.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JORDAN MANGANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 MAGNOLIA AVE

City SOMERDALE State NJ Zip Code 08083

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

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : SA11Al.127160**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 12459 GENESEE RD

City EAST CONCORD State NY Zip Code 14055-9727

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 502.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11Al.127144**

Amount of Each Receipt this Period  
 25.00

**C. PETER MASICH JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 12459 GENESEE RD

City EAST CONCORD State NY Zip Code 14055-9727

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11Al.126934**

Amount of Each Receipt this Period  
 25.00

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

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

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

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

FOR LINE NUMBER: PAGE 24 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DYLAN H MAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 353350  
 City SEATTLE State WA Zip Code 98195-3350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012  
**Transaction ID : SA11AI.127240**  
 Amount of Each Receipt this Period  
 325.00

**B. DYLAN H MAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 353350  
 City SEATTLE State WA Zip Code 98195-3350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : SA11AI.126921**  
 Amount of Each Receipt this Period  
 25.00

**C. ANTONIO JOSE MENDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 508 3RD AVE.  
 City DEPTFORD State NJ Zip Code 08096-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOEING COMPANY Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : SA11AI.127233**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROJELIO G MUNGUIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5217 GAINES ST  
 City OKLAHOMA CITY State OK Zip Code 73135-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.127149**  
 Amount of Each Receipt this Period 33.00

**B. AARON OTTINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2127 2ND AVE. APT. 204  
 City SEATTLE State WA Zip Code 98121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON (UNIVERSITY OF) Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.75

Date of Receipt 10 / 30 / 2012  
**Transaction ID : SA11AI.126953**  
 Amount of Each Receipt this Period 216.75

**C. AARON OTTINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2127 2ND AVE. APT. 204  
 City SEATTLE State WA Zip Code 98121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON (UNIVERSITY OF) Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.75

Date of Receipt 10 / 31 / 2012  
**Transaction ID : SA11AI.127165**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 274.75  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHRISTOPHER OWENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 PHILLIP DR.

City KIRKWOOD State PA Zip Code 17536-9515

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

Name of Employer BOEING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2012  
**Transaction ID : SA11Al.127129**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9236 24TH AVE SW

City SEATTLE State WA Zip Code 98106-2602

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

Name of Employer UAW LOCAL UNION 4191 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012  
**Transaction ID : SA11Al.127213**

Amount of Each Receipt this Period  
325.00

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

Mailing Address 9236 24TH AVE SW

City SEATTLE State WA Zip Code 98106-2602

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

Name of Employer UAW LOCAL UNION 4191 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012  
**Transaction ID : SA11Al.126977**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. RONALD R PATENAUDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 N BLANDFORD RD

City BLANDFORD State MA Zip Code 01008-9625

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

Name of Employer UAW LOCAL 2322 Occupation LOCAL 2322 STAFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : SA11Al.127431**

Amount of Each Receipt this Period  
 40.00

**B. JESSICA HOLT PIKUL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1418 20TH AVE

City SEATTLE State WA Zip Code 98122

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2012  
**Transaction ID : SA11Al.127057**

Amount of Each Receipt this Period  
 325.00

**C. JESSICA HOLT PIKUL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1418 20TH AVE

City SEATTLE State WA Zip Code 98122

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : SA11Al.126982**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. JEFFREY POTTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8490 CRESTMONT DRIVE  
 City WEST CHESTER State OH Zip Code 45069-3496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHILIP MORRIS Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : SA11AI.127128**  
 Amount of Each Receipt this Period  
 37.50

**B. JEREMY SEIBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 21  
 City BATH State IN Zip Code 47010-0021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHILIP MORRIS Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : SA11AI.127049**  
 Amount of Each Receipt this Period  
 37.50

**C. TERRY SHARPE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 SCHOOL ST PO BOX 283  
 City MCLEAN State NY Zip Code 13102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNELL UNIVERSITY Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11AI.126951**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BENJAMIN J SHELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 MC GILLIVRAY AVE.

City SPRINGVILLE State OH Zip Code 45503

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

Name of Employer MILLER BREWING COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2012

**Transaction ID : SA11AI.126983**

Amount of Each Receipt this Period  
 37.50

**B. LESLIE M SHUCK**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 532

City CATLIN State IL Zip Code 61817-0532

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11AI.126930**

Amount of Each Receipt this Period  
 5.00

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

Mailing Address 3185 CURTIS RD

City BIRCH RUN State MI Zip Code 48415-9021

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11AI.127090**

Amount of Each Receipt this Period  
 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. GEORGE SOLANDER</b>		Date of Receipt
Mailing Address PO BOX 597		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
FLAT ROCK	OH	44828-0597
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.127076</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
BELLEVUE MFG CO	FACTORY WORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="390.00"/>	

Full Name (Last, First, Middle Initial) <b>B. GEORGE SOLANDER</b>		Date of Receipt
Mailing Address PO BOX 597		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
FLAT ROCK	OH	44828-0597
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.126964</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
BELLEVUE MFG CO	FACTORY WORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="430.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DAVID L STAUCH</b>		Date of Receipt
Mailing Address 2665 LEWISBERRY RD		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
YORK	PA	17404-1345
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.127189</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
YORK INTERNATIONAL CORPORATION	FACTORY WORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GARRETT STRAIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4009 LATONA AVE., NE  
City SEATTLE State WA Zip Code 98105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WASHINGTON (UNIVERSITY OF) Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012  
**Transaction ID : SA11Al.127174**  
Amount of Each Receipt this Period  
312.50

**B. RALPH TIMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 107  
City MINIER State IL Zip Code 61759-0107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MITSUBISHI MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 337.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012  
**Transaction ID : SA11Al.127254**  
Amount of Each Receipt this Period  
20.00

**C. RALPH TIMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 107  
City MINIER State IL Zip Code 61759-0107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MITSUBISHI MOTORS CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2012  
**Transaction ID : SA11Al.126929**  
Amount of Each Receipt this Period  
37.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MANUEL S TURREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2029 SOUTHERN STAR LOOP  
 City LAS CRUCES State NM Zip Code 88011-4076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.126995**  
 Amount of Each Receipt this Period  
 300.00

**B. ERIN WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4031 WILLOW DRIVE, NE  
 City GRAND RAPIDS State MI Zip Code 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRAFDORD WHITE CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : SA11AI.127123**  
 Amount of Each Receipt this Period  
 300.00

**C. GORDON F WARGOWSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 860 MORNING GLORY LN  
 City BELOIT State WI Zip Code 53511-1637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.127183**  
 Amount of Each Receipt this Period  
 10.00

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



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

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

FOR LINE NUMBER: PAGE 33 OF 76  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. DUKE WHEELER**

Mailing Address 3760 HICKORY VIEW DRIVE

City HAMILTON	State OH	Zip Code 45011-6526
------------------	-------------	------------------------

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

Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	07	/	2012

**Transaction ID : SA11Al.126910**

Amount of Each Receipt this Period  

62.50
-------

Full Name (Last, First, Middle Initial)  
**B. DOUGLAS F WILLIAMSON**

Mailing Address 713 SUMMER ST

City MEDIA	State PA	Zip Code 19063-1508
---------------	-------------	------------------------

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

Name of Employer BOEING COMPANY	Occupation FACTORY WORKER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	20	/	2012

**Transaction ID : SA11Al.127212**

Amount of Each Receipt this Period  

25.00
-------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.50
<b>TOTAL</b> This Period (last page this line number only).....▶	8457.02

**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 34 OF 76
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JPMORGAN CHASE</b>		Date of Receipt
Mailing Address 611 WOODWARD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
DETROIT	MI	48226
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA17.127442</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.65"/>
Name of Employer		INTEREST ON CHECKING
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3252.44"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JPMORGAN CHASE</b>		Date of Receipt
Mailing Address 611 WOODWARD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
DETROIT	MI	48226
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA17.127443</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="3.54"/>
Name of Employer		INTEREST ON CHECKING
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3255.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JPMORGAN CHASE</b>		Date of Receipt
Mailing Address 611 WOODWARD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
DETROIT	MI	48226
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA17.127444</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="48.45"/>
Name of Employer		INTEREST ON CHECKING
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3304.43"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="244.64"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 35 OF 76	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16		

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

Full Name (Last, First, Middle Initial) <b>A. JPMORGAN CHASE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : SA17.127445</b>
Mailing Address 611 WOODWARD			Amount of Each Receipt this Period 6.42
City DETROIT	State MI	Zip Code 48226	INTEREST ON CHECKING
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 3310.85	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6.42
<b>TOTAL</b> This Period (last page this line number only).....▶	251.06

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

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

FOR LINE NUMBER: PAGE 36 OF 76  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. AMERICA VOTES**  
 Mailing Address 1155 CONNECTICUT AVE. NW  
 SUITE 600  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA16.127466**  
 Amount of Each Receipt this Period  
 100000.00  
 REFUND OF EXCESS CONTRIBUTION

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ABC MAILING INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2012
Mailing Address 1725 E. 14 MILE SUITE 120		<b>Transaction ID : SB21B.127322</b>
City TROY State MI Zip Code 48083-4600	Amount of Each Disbursement this Period 2559.69	
Purpose of Disbursement OAKLAND COUNTY ELECTION MALING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALLIED UNION SERVICES</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2012
Mailing Address 240 N. FENWAY DRIVE		<b>Transaction ID : SB21B.127291</b>
City FENTON State MI Zip Code 48430	Amount of Each Disbursement this Period 10864.82	
Purpose of Disbursement MEMBER COMMUNICATION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALLIED UNION SERVICES</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2012
Mailing Address 240 N. FENWAY DRIVE		<b>Transaction ID : SB21B.127292</b>
City FENTON State MI Zip Code 48430	Amount of Each Disbursement this Period 810.85	
Purpose of Disbursement MEMBER COMMUNICATION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14235.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. ALLIED UNION SERVICES**

Mailing Address 240 N. FENWAY DRIVE

City FENTON State MI Zip Code 48430

Purpose of Disbursement  
MEMBER COMMUNICATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

Transaction ID : SB21B.127293

Amount of Each Disbursement this Period

949.80

Full Name (Last, First, Middle Initial)

**B. ALLIED UNION SERVICES**

Mailing Address 240 N. FENWAY DRIVE

City FENTON State MI Zip Code 48430

Purpose of Disbursement  
MEMBER COMMUNICATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2012

Transaction ID : SB21B.127313

Amount of Each Disbursement this Period

1542.42

Full Name (Last, First, Middle Initial)

**C. AMERICAN TIME MANUFACTURING, LTD.**

Mailing Address 1600 NORTH CLINTON AVE.

City ROCHESTER State NY Zip Code 14621

Purpose of Disbursement  
REPAIR/REPLACE/CLEAN VCAP WATCHES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2012

Transaction ID : SB21B.127282

Amount of Each Disbursement this Period

18.00

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

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

2510.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN TIME MANUFACTURING, LTD.**

Mailing Address 1600 NORTH CLINTON AVE.

City ROCHESTER State NY Zip Code 14621

Purpose of Disbursement REPAIR/REPLACE/CLEAN VCAP WATCHES

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
11	/	01	/	2012

Transaction ID : SB21B.127299

Amount of Each Disbursement this Period

18.00
-------

Full Name (Last, First, Middle Initial)

**B. ERIK ANCLAUX**

Mailing Address 6789 B ESTERO RD

City POLETA State CA Zip Code 93117

Purpose of Disbursement 2012 CONVENTION DELEGATE TRAVEL COST

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
11	/	14	/	2012

Transaction ID : SB21B.127309

Amount of Each Disbursement this Period

1874.89
---------

Full Name (Last, First, Middle Initial)

**C. AT&T MOBILITY**

Mailing Address PO BOX 9004

City CAROL STREAM State IL Zip Code 60197-9004

Purpose of Disbursement ACCOUNT# 92521-PYMNT 50 CAMPAIGN PHONES

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
11	/	12	/	2012

Transaction ID : SB21B.127303

Amount of Each Disbursement this Period

2301.33
---------

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

4194.22
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALICIA BLAND**

Mailing Address 7125 E 69TH ST.

City KANSAS CITY State MO Zip Code 64133

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

**Transaction ID : SB21B.127296**

Amount of Each Disbursement this Period

5	4	8	6	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. JUDY CALHOUN**

Mailing Address 3101 SEXTON

City NORMAN State OK Zip Code 73026

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2012			

**Transaction ID : SB21B.127312**

Amount of Each Disbursement this Period

1	7	5	1	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. ROSALYN CURL**

Mailing Address 504 S. 3RD ST.

City PLATTSBURG State MO Zip Code 64477

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

**Transaction ID : SB21B.127298**

Amount of Each Disbursement this Period

1	5	9	6	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	4	8	2	6	3
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5	4	8	2	6	3
---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP SHIRTS/JACKETS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2012

**Transaction ID : SB21B.127304**

Amount of Each Disbursement this Period

7806.10

Full Name (Last, First, Middle Initial)

**B. JOHN HENRY DAVIS**

Mailing Address 211 KEELSON

City DETROIT State MI Zip Code 48215

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2012

**Transaction ID : SB21B.127321**

Amount of Each Disbursement this Period

1895.01

Full Name (Last, First, Middle Initial)

**C. ANITA DAWSON**

Mailing Address 2221 CAROL WAY

City LANSING State MI Zip Code 48911

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB21B.127286**

Amount of Each Disbursement this Period

1621.30

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

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

11322.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. EVENTS 2000**

Mailing Address 38650 MICHIGAN AVE

City WAYNE State MI Zip Code 48184

Purpose of Disbursement  
BILLING/VCAP LEATHER VESTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

Transaction ID : SB21B.127302

Amount of Each Disbursement this Period

1467.81

Full Name (Last, First, Middle Initial)

**B. BARBARA FISHER**

Mailing Address 2003 CLEARWATER

City BLOOMINGTON State IL Zip Code 61704

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

Transaction ID : SB21B.127324

Amount of Each Disbursement this Period

2127.32

Full Name (Last, First, Middle Initial)

**C. JOHNNY GIVAND**

Mailing Address 949 KENTLAND DR

City MANSFIELD State OH Zip Code 44906-2905

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

Transaction ID : SB21B.127294

Amount of Each Disbursement this Period

2085.87

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

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

5681.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KELLI HARRISON**

Mailing Address 2105 MITCHELL

City State Zip Code  
EUREKA IL 61530

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB21B.127288**

Amount of Each Disbursement this Period

2026.55
---------

Full Name (Last, First, Middle Initial)

**B. IMPRESSIONS SPECIALITY ADVERTISING**

Mailing Address 8914 S. TELEGRAPH ROAD

City State Zip Code  
TAYLOR MI 48180

Purpose of Disbursement  
BUTTONS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

**Transaction ID : SB21B.127447**

Amount of Each Disbursement this Period

-6447.10
----------

Full Name (Last, First, Middle Initial)

**C. ELIZABETH JACKSON**

Mailing Address 17420 PONTCHARTRAIN

City State Zip Code  
DETROIT MI 48203

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2012			

**Transaction ID : SB21B.127307**

Amount of Each Disbursement this Period

1552.24
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-2868.31
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**TOTAL** This Period (last page this line number only)..... ▶

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.127447

This disbursement was previously reported as an operating expenditure on the Pre-General Report filed on 10/25/12 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:

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DARAKA LARIMORE**

Mailing Address 335 W. ANAPUMA

City State Zip Code  
SANTA BARBARA CA 93101

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

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
10		24		2012

**Transaction ID : SB21B.127285**

Amount of Each Disbursement this Period

1359.84
---------

Full Name (Last, First, Middle Initial)

**B. ROJELIO MUNGUIA SR.**

Mailing Address 5217 GAINES ST.

City State Zip Code  
OKLAHOMA CITY OK 73135

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

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
11		14		2012

**Transaction ID : SB21B.127306**

Amount of Each Disbursement this Period

2292.40
---------

Full Name (Last, First, Middle Initial)

**C. R.A. DINKEL & ASSOCIATES, INC.**

Mailing Address PO BOX 700

City State Zip Code  
HOLT MI 48842

Purpose of Disbursement  
PRESTIGE AWARD SET UP

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
11		14		2012

**Transaction ID : SB21B.127310**

Amount of Each Disbursement this Period

368.34
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4020.58
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER ROBERTS**

Mailing Address 15304 26TH AVE., NE

City SHORELINE State WA Zip Code 98155

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2012			

**Transaction ID : SB21B.127317**

Amount of Each Disbursement this Period

1290.70
---------

Full Name (Last, First, Middle Initial)

**B. SEIU**

Mailing Address 1800 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
DNC OFFICE SPACE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

**Transaction ID : SB21B.127284**

Amount of Each Disbursement this Period

2182.68
---------

Full Name (Last, First, Middle Initial)

**C. GHADA SROUR**

Mailing Address 4681 E 610 N

City ROANOKE State IN Zip Code 46783

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2012			

**Transaction ID : SB21B.127315**

Amount of Each Disbursement this Period

1708.70
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5182.08
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. UAW LOCAL 598**

Mailing Address 3293 VAN SYLKE RD.

City State Zip Code  
FLINT MI 48507

Purpose of Disbursement  
DEBRA KIRCHNER/ADMIN ASSIGNMNT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

**Transaction ID : SB21B.127281**

Amount of Each Disbursement this Period

3	8	9	4	.	2	6
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. PHIL WHEELER**

Mailing Address PO BOX 132

City State Zip Code  
MIDDLE HADDAY CT 06456

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB21B.127290**

Amount of Each Disbursement this Period

1	9	0	9	.	6	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. JEFF WRIGHT**

Mailing Address 5822 NE 284TH ST.

City State Zip Code  
TUMEY MO 64493

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

**Transaction ID : SB21B.127301**

Amount of Each Disbursement this Period

1	6	2	0	.	1	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	4	2	3	.	9	8
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHARLENE YARBROUGH**

Mailing Address 18860 ROSELAND BLVD.

City State Zip Code  
LATHRUP VILLAGE MI 48076

Purpose of Disbursement  
2012 CONVENTION DELEGATE TRAVEL COST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B.127319**

Amount of Each Disbursement this Period

1	5	4	6	.	4	5
---	---	---	---	---	---	---

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Category/  
Type

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

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

1	5	4	6	.	4	5
---	---	---	---	---	---	---

5	8	7	3	0	.	6	2
---	---	---	---	---	---	---	---



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. WISCONSIN STATE PAC

Mailing Address 680 BARCLAY BLVD

City State Zip Code  
LINCOLNSHIRE IL 60069

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

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
10		24		2012

Transaction ID : SB22.127325

Amount of Each Disbursement this Period

35000.00
----------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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
-------	---	-------	---	-------------

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  
 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
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Amount of Each Disbursement this Period

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

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

35000.00
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35000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALAN LOWENTHAL FOR CONGRESS**

Mailing Address 4320 ATLANTIC AVE., SUITE 125

City State Zip Code  
LONG BEACH CA 90807

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ALAN LOWENTHAL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2012

**Transaction ID : SB23.127331**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. AMY KLOBUCHAR (KLOBUCHAR FOR MINNESOTA)**

Mailing Address PO BOX 4146

City State Zip Code  
ST. PAUL MN 55104

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**AMY J KLOBUCHAR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2012

**Transaction ID : SB23.127387**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. ANDREWS FOR CONGRESS**

Mailing Address 523 RICHEY AVENUE

City State Zip Code  
COLLINGSWOOD NJ 08108

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ROBERT E ANDREWS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	05	/	2012

**Transaction ID : SB23.127395**

Amount of Each Disbursement this Period

3000.00
---------

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANGUS KING FOR U.S. SENATE**

Mailing Address 135 MAINE STREET  
PO BOX 368

City BRUNSWICK State ME Zip Code 04011

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ANGUS STANLEY JR KING**

Office Sought:  House  
 Senate  
 President  
State: ME District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2012

**Transaction ID : SB23.127370**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BARNES FOR CONGRESS**

Mailing Address P.O. BOX 1028

City MINNETONKA State MN Zip Code 55345

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BRIAN PATRICK BARNES**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127386**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**AMERISH BERA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127330**

Amount of Each Disbursement this Period

2000.00
---------

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

8000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 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. BETTY MCCOLLUM FOR CONGRESS**

Mailing Address PO BOX 14131

City ST PAUL State MN Zip Code 55114-0131

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**BETTY MCCOLLUM**

Office Sought:  House  
 Senate  
 President  
State: MN District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127388**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BILL OWENS FOR CONGRESS**

Mailing Address 12 BRINKERHOFF STREET

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**WILLIAM OWENS**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127396**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. BOBBY SCOTT FOR CONGRESS**

Mailing Address PO BOX 251

City NEWPORT NEWS State VA Zip Code 23607

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ROBERT C 'BOBBY' SCOTT**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127404**

Amount of Each Disbursement this Period

2000.00
---------

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

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

12000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 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. BOS PAC**

Mailing Address 224 S. MAIN STREET

City LAMONI State IA Zip Code 50140

Purpose of Disbursement  
CONTRIBUTION

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
10		24		2012

**Transaction ID : SB23.127357**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BRIDGE PAC**

Mailing Address PO BOX 1021

City MENOMINEE State MI Zip Code 49858

Purpose of Disbursement  
CONTRIBUTION

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
10		24		2012

**Transaction ID : SB23.127349**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. BRINGING LEADERSHIP BACK (BLB) PAC**

Mailing Address PO BOX 40964

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
CONTRIBUTION

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
10		24		2012

**Transaction ID : SB23.127405**

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 Page

FOR LINE NUMBER:  
(check only one)

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<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. CHARLIE WILSON FOR CONGRESS**

Mailing Address 7 CADIZ PIKE

City BRIDGEPORT State OH Zip Code 43912

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CHARLES A WILSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Primary Debt

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

**Transaction ID : SB23.127400**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CHRISTIE VILSACK FOR IOWA**

Mailing Address PO BOX 641

City AMES State IA Zip Code 50010

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CHRISTIE VILSACK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB23.127358**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT KURT HASKELL**

Mailing Address 14716 ALLEN ROAD SUITE 102

City TAYLOR State MI Zip Code 48180-5400

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**KURT RICHARD HASKELL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB23.127378**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COMMONWEALTH PAC**

Mailing Address PO BOX 383

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : SB23.127408**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF HAWAII-FEDERAL**

Mailing Address 1050 ALA MOANA BLVD.,  
SUITE 2150

City HONOLULU State HI Zip Code 96814

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127355**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC PARTY OF ILLINOIS**

Mailing Address P O BOX 518  
1104 S. SECOND ST.

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB23.127363**

Amount of Each Disbursement this Period

5000.00
---------

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

11500.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC PARTY OF VIRGINIA**

Mailing Address 1108 EAST MAIN STREET  
2ND FLOOR

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : SB23.127406

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**RAUL DR RUIZ**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

Transaction ID : SB23.127336

Amount of Each Disbursement this Period

2000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. ENYART FOR CONGRESS**

Mailing Address P.O. BOX 308

City BELLEVILLE State IL Zip Code 62222

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**WILLIAM L JR ENYART**

Office Sought:  House  
 Senate  
 President  
State: IL District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

Transaction ID : SB23.127362

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

12000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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<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. FRIENDS OF DAVID GILL**

Mailing Address PO BOX 163

City SAVOY State IL Zip Code 61874

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DAVID MICHAEL GILL**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 13

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127360**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127328**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROSA DELAURO**

Mailing Address 729 15TH STREET, NW - 3RD FLR

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ROSA DELAURO**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB23.127344**

Amount of Each Disbursement this Period

2500.00

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GARAMENDI FOR CONGRESS**

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.  
3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN GARAMENDI**

Office Sought:  House  
 Senate  
 President  
State: CA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127335**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. GENE SCHARER FOR CONGRESS '12**

Mailing Address 20678 W WHITE ROCK RD

City BUCKEYE State AZ Zip Code 85396

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GENE PAUL SCHARER**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127326**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. GERMAN FOR CONGRESS**

Mailing Address PO BOX 1554

City MUSKEGON State MI Zip Code 49442

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**WILLIE GERMAN JR.**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127375**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GILLAN FOR CONGRESS**

Mailing Address PO BOX 1978

City BILLINGS State MT Zip Code 59103

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KIM GILLAN**

Office Sought:  House  
 Senate  
 President  
State: MT District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB23.127393

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. HEALY-ABRAMS FOR CONGRESS**

Mailing Address PO BOX 36738

City CANTON State OH Zip Code 44718

Purpose of Disbursement  
CONTRIBUTON

Candidate Name  
**JOYCE HEALY-ABRAMS**

Office Sought:  House  
 Senate  
 President  
State: OH District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Primary Debt

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB23.127399

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. HIGGINS FOR CONGRESS**

Mailing Address PO BOX 28

City BUFFALO State NY Zip Code 14220

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**BRIAN HIGGINS**

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB23.127397

Amount of Each Disbursement this Period

3000.00
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**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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HOOSIERS FOR A BETTER INDIANA**

Mailing Address PO BOX 891

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB23.127366**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. HUSKY PAC**

Mailing Address 228 2ND STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127346**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. I-PAC**

Mailing Address 1304 QUINCY STREET

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127403**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. IOWA DEMOCRATIC PARTY**

Mailing Address 5661 FLEUR DRIVE

City DES MOINES State IA Zip Code 50321

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB23.127359**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. JEFFRIES FOR CONGRESS**

Mailing Address 630 WASHINGTON AVENUE

City BROOKLYN State NY Zip Code 11238

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**HAKEEM JEFFRIES**

Office Sought:  House  Senate  President  
State: NY District: 08

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB23.127398**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JIM COSTA FOR CONGRESS**

Mailing Address 1127 11TH ST., SUITE 606

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JIM MR. COSTA**

Office Sought:  House  Senate  President  
State: CA District: 20

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127329**

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JIM GRAVES FOR CONGRESS**

Mailing Address PO BOX 971

City ST CLOUD State MN Zip Code 56302

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JAMES JOSEPH GRAVES**

Office Sought:  House  
 Senate  
 President  
State: MN District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127381**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JIM HIMES FOR CONGRESS**

Mailing Address BOX 456  
65 HIGH RIDGE ROAD

City STAMFORD State CT Zip Code 06905

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JIM HIMES**

Office Sought:  House  
 Senate  
 President  
State: CT District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127343**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOE MIKLOSI FOR CONGRESS**

Mailing Address PO BOX 3975

City GREENWOOD VILLAGE State CO Zip Code 80155

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOE MIKLOSI**

Office Sought:  House  
 Senate  
 President  
State: CO District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2012

**Transaction ID : SB23.127342**

Amount of Each Disbursement this Period

2500.00
---------

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

6500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHN HERNANDEZ FOR CONGRESS 2012**

Mailing Address 5599 W PINEDALE AVE

City FRESNO State CA Zip Code 93722

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOHN S HERNANDEZ**

Office Sought:  House  Senate  President  
State: CA District: 21  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2012

**Transaction ID : SB23.127340**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN TIERNEY FOR CONGRESS**

Mailing Address PO BOX 8013

City SALEM State MA Zip Code 01970

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOHN F TIERNEY**

Office Sought:  House  Senate  President  
State: MA District: 06  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127368**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOSE HERNANDEZ FOR CONGRESS**

Mailing Address PO BOX 1667

City MODESTO State CA Zip Code 95353

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOSE M HERNANDEZ**

Office Sought:  House  Senate  President  
State: CA District: 10  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127333**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JULIA BROWNLEY FOR CONGRESS**

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JULIA BROWNLEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127337**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. KEITH ELLISON FOR CONGRESS**

Mailing Address PO BOX 11818

City MINNEAPOLIS State MN Zip Code 56002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**KEITH MAURICE ELLISON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127382**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. LAMPSON FOR CONGRESS**

Mailing Address 38 IVY STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NICHOLAS V LAMPSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : SB23.127401**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARK TAKANO FOR CONGRESS**

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARK TAKANO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127338**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MC NERNEY FOR CONGRESS**

Mailing Address PO BOX 12022

City PLEASANTON State CA Zip Code 94588

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JERRY MCNERNEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127332**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. MIKE MCINTYRE FOR CONGRESS**

Mailing Address P.O. BOX 1

City LUMBERTON State NC Zip Code 28359-0001

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MIKE MCINTYRE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127394**

Amount of Each Disbursement this Period

5000.00
---------

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

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

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 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. NATIONAL WOMEN'S LAW CENTER**

Mailing Address 11 DUPONT CIRCLE, NW,  
SUITE 800

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2012

**Transaction ID : SB23.127351**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Mailing Address 40138 SAWMILL ROAD  
PO BOX 252

City EMILY State MN Zip Code 56447

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**RICHARD MICHAEL NOLAN**

Office Sought:  House  
 Senate  
 President  
State: MN District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.127384**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. NORTH DAKOTA DEMOCRATIC PARTY**

Mailing Address 420 C STREET NE  
LOWER LEVEL

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2012

**Transaction ID : SB23.127352**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. O'BRIEN FOR CONGRESS**

Mailing Address PO BOX 566

City DOUGLAS State MI Zip Code 49406

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MICHAEL DENNIS O'BRIEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

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

**Transaction ID : SB23.127377**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. O'BRIEN FOR CONGRESS**

Mailing Address PO BOX 566

City DOUGLAS State MI Zip Code 49406

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MICHAEL DENNIS O'BRIEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

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

**Transaction ID : SB23.127379**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. OBERMUELLER FOR CONGRESS**

Mailing Address 3874 DANBURY TRL

City EAGAN State MN Zip Code 55123

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MICHAEL E OBERMUELLER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

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

**Transaction ID : SB23.127390**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

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

4	5	0	0	0	0
---	---	---	---	---	---

4	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAUL PAC**

Mailing Address P.O. BOX 15635

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127348**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City GIG HARBOR State WA Zip Code 98335

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**DEREK KILMER**

Office Sought:  House  Senate  President  
State: WA District: 06

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127409**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. PETE STARK RE-ELECTION COMMITTEE**

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013-5214

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PETE STARK**

Office Sought:  House  Senate  President  
State: CA District: 13

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127334**

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. POCAN BLUE MAJORITY**

Mailing Address PO BOX 327

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : SB23.127411

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. PRIORITIES USA ACTION**

Mailing Address 1101 15TH STREET NW 2ND FLOOR

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : SB23.127467

Amount of Each Disbursement this Period

10000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. RICHMOND FOR CONGRESS**

Mailing Address 499 SOUTH CAPITOL ST.,  
SW SUITE 422

City WAHSINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CEDRIC L. RICHMOND**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : SB23.127367

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

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

110000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SCHNEIDER FOR CONGRESS**

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BRADLEY SCOTT SCHNEIDER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **PRIMARY DEBT**

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

**Transaction ID : SB23.127364**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Mailing Address 4715 VIEWRIDGE AVE., SUITE 150

City SAN DIEGO State CA Zip Code 92123

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SCOTT PETERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **General**

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB23.127327**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. TAJ FOR CONGRESS**

Mailing Address PO BOX 871807

City CANTON State MI Zip Code 48187

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SYED DR TAJ**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **General**

State: MI District: 11

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2012

**Transaction ID : SB23.127371**

Amount of Each Disbursement this Period

2500.00

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TIM WALZ FOR CONGRESS**

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**TIMOTHY J WALZ**

Office Sought:  House  
 Senate  
 President  
State: MN District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : SB23.127391**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. TULSI FOR HAWAII**

Mailing Address PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**GABBARD TULIS**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127353**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. WIRTH 4 CONGRESS**

Mailing Address PO BOX 654

City DEWITT State MI Zip Code 48820

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DEBRA FREIDELL WIRTH**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : SB23.127373**

Amount of Each Disbursement this Period

1000.00
---------

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

9000.00
---------

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

300500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. AMERICA VOTES**

Mailing Address 1155 CONNECTICUT AVE. NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

**Transaction ID : SB29.127418**

Amount of Each Disbursement this Period

100000.00

**B. DEMOCRATIC PARTY OF HAWAII-STATE**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 ALA MOANA BLVD.,  
SUITE 2150

City HONOLULU State HI Zip Code 96814

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB29.127414**

Amount of Each Disbursement this Period

1000.00

**C. GREATER LANSING AREA LCLAA CHAPTER**

Full Name (Last, First, Middle Initial)

Mailing Address 4629 STILLWELL AVENUE

City LANSING State MI Zip Code 48911

Purpose of Disbursement  
GOTV FROM OCT THRU NOV 6, 2012

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB29.127422**

Amount of Each Disbursement this Period

10240.00

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

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

111240.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. IL STATE PAC FUND**

Mailing Address 680 BARCLAY BOULEVARD

City State Zip Code  
LINCOLNSHIRE IL 60069-4328

Purpose of Disbursement  
REPLENISHMENT OF IL STATE PAC

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
10		24		2012

Transaction ID : SB29.127416

Amount of Each Disbursement this Period

83000.00
----------

Full Name (Last, First, Middle Initial)

**B. IL STATE PAC FUND**

Mailing Address 680 BARCLAY BOULEVARD

City State Zip Code  
LINCOLNSHIRE IL 60069-4328

Purpose of Disbursement  
REPLENISHMENT OF IL STATE FUND

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
10		31		2012

Transaction ID : SB29.127419

Amount of Each Disbursement this Period

77000.00
----------

Full Name (Last, First, Middle Initial)

**C. IOWA DEMOCRATIC PARTY**

Mailing Address 5661 FLEUR DRIVE

City State Zip Code  
DES MOINES IA 50321

Purpose of Disbursement  
COORDINATED CAMPAIGN

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
11		01		2012

Transaction ID : SB29.127423

Amount of Each Disbursement this Period

10000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

170000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. IOWA DEMOCRATIC PARTY**

Mailing Address 5661 FLEUR DRIVE

City DES MOINES State IA Zip Code 50321

Purpose of Disbursement  
COORDINATED CAMPAIGN

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

**Transaction ID : SB29.127424**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**B. MICHIGAN 15TH CONGRESSIONAL DISTRICT**

Mailing Address 19855 W. OUTER DRIVE  
SUITE 103AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement  
DONATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

**Transaction ID : SB29.127412**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. MICHIGAN CAPITAL AREA CLUW CHAPTER**

Mailing Address 2211 CUMBERLAND

City LANSING State MI Zip Code 48906

Purpose of Disbursement  
GOTV FROM OCT THRU NOV 6, 2012

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : SB29.127420**

Amount of Each Disbursement this Period

7500.00
---------

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

32500.00
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**TOTAL** This Period (last page this line number only)..... ▶

313740.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 76
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BUDGET SIGNS &amp; SPECIALTIES</b>	Nature of Debt (Purpose): PAY OFF IN SUBSEQUENT REPORTING PERIOD
Mailing Address 2225 INDUSTRIAL DRIVE	
City State Zip Code MADISON WI 53713	

Outstanding Balance Beginning This Period <input type="text" value="6971.88"/>	<b>Transaction ID : SD10.128934</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6971.88"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SAWICKI AND SON</b>	Nature of Debt (Purpose): PAY OFF IN SUBSEQUENT REPORTING PERIOD
Mailing Address 1521 W. LAFAYETTE	
City State Zip Code DETROIT MI 48126	

Outstanding Balance Beginning This Period <input type="text" value="2232.49"/>	<b>Transaction ID : SD10.128935</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2232.49"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="9204.37"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="9204.37"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="9204.37"/>

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

NAME OF COMMITTEE (In Full) <b>UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; margin-right: 5px;">C</span> 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	

Full Name (Last, First, Middle Initial) of Payee <b>IMPRESSIONS SPECIALITY ADVERTISING</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">19</span> / <span style="font-size: 1.2em;">2012</span> </div>
Mailing Address <b>8914 S. TELEGRAPH ROAD</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">6447.10</span> </div>
City <b>TAYLOR</b> State <b>MI</b> Zip Code <b>48180</b>	<b>Transaction ID : SE.126691</b>	
Purpose of Expenditure <b>BUTTONS</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">006</span> </div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">77105.93</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;"> </span> / <span style="font-size: 1.2em;"> </span> / <span style="font-size: 1.2em;"> </span> </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;"> </span> </div>
City      State      Zip Code	<b>Transaction ID : SE.126691</b>	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;"> </span> </div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;"> </span> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">6447.10</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">6447.10</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]
Date 06 / 28 / 2013

Signature \_\_\_\_\_