

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

ADDRESS (number and street) 8000 EAST JEFFERSON  
Check if different than previously reported. (ACC) DETROIT MI 48214

2. FEC IDENTIFICATION NUMBER C00002840  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of MI

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Elizabeth Bunn

Signature of Treasurer Electronically Filed by Elizabeth Bunn Date 12 05 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		11201508.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	7386728.78									
(c) Total Receipts (from Line 19) .....	398103.68	5608754.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7784832.46	16810263.01								
7. Total Disbursements (from Line 31) .....	724589.61	9750020.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7060242.85	7060242.85								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	7295.49	108409.62
(i) Itemized (use Schedule A) .....	386856.62	5443827.43
(ii) Unitemized .....	394152.11	5552237.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	394152.11	5552237.05
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3951.57	53517.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	398103.68	5608754.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	398103.68	5608754.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9689.61	624820.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9689.61	624820.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	100000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	182000.00	1653850.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	986.50
(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	986.50
29. Other Disbursements.....	532900.00	7370362.76
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	724589.61	9750020.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	724589.61	9750020.16

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	394152.11	5552237.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	986.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	394152.11	5551250.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9689.61	624820.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9689.61	624820.90

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 67
	<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. ALICIA AMADOR</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	0	/	2	0	0	6													
Mailing Address <b>401 SCRUB OAK CT</b>		<b>Transaction ID: SA11A1.74066</b>																				
City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76108-4501</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>225.00</b>																				
Name of Employer <b>TEXTRON</b>	Occupation <b>FACTORY WORKER</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>525.00</b>																					

Full Name (Last, First, Middle Initial) <b>B. W Baker</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	9	/	2	0	0	6													
Mailing Address <b>68804 A RD</b>		<b>Transaction ID: SA11A1.74978</b>																				
City <b>WHITE PIGEON</b>	State <b>MI</b>	Zip Code <b>49099-9775</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>																				
Name of Employer <b>AMERICAN AXLE &amp; MANUFACTURING</b>	Occupation <b>FACTORY WORKER</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>																					

Full Name (Last, First, Middle Initial) <b>C. M BALLARD</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	9	/	2	0	0	6													
Mailing Address <b>63041 BORGERT RD</b>		<b>Transaction ID: SA11A1.74349</b>																				
City <b>STURGIS</b>	State <b>MI</b>	Zip Code <b>49091-9360</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>																				
Name of Employer <b>AMERICAN AXLE &amp; MANUFACTURING</b>	Occupation <b>FACTORY WORKER</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. W BIEGER</b>		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 670 PARADISE RD		<b>Transaction ID: SA11A1.75165</b>
City EAST AMHERST	State NY	Zip Code 14051-1604
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J. BINK</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2006
Mailing Address W 2260 COUNTY ROAD		<b>Transaction ID: SA11A1.74885</b>
City OCONOMOWOC	State WI	Zip Code 53066-9545
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 8.50
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.50	

Full Name (Last, First, Middle Initial) <b>C. RALPH E BISHOP</b>		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 8720 N JEFFERSON		<b>Transaction ID: SA11A1.74359</b>
City KANSAS CITY	State MO	Zip Code 64155
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>358.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<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. HERBERT R BRAND JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 119 WILLOW LANE		<b>Transaction ID: SA11A1.74955</b>	
City State Zip Code WAXAHACHIE TX 75165-9651		Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LOCKHEED MARTIN CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 414.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM J BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address P.O. BOX 352		<b>Transaction ID: SA11A1.74989</b>	
City State Zip Code RUTHERFORD TN 38369-0352		Amount of Each Receipt this Period 245.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. J Burgio</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 145 BRECKENRIDGE ST		<b>Transaction ID: SA11A1.75027</b>	
City State Zip Code BUFFALO NY 14213-1560		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MFG INC		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	319.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
TIMOTHY CAMPBELL

Mailing Address 15098 PINEHURST

City State Zip Code  
DETROIT MI 48238

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

**Transaction ID:** SA11A1.75209

Amount of Each Receipt this Period  
35.00

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

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  
MILLER BREWING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

**Transaction ID:** SA11A1.75005

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
SUE A CONNER

Mailing Address 3492 W. 500 S

City State Zip Code  
SHARPSVILLE IN 46068-9408

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 ▼ 321.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.74993

Amount of Each Receipt this Period  
21.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	106.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
RAYMUNDO CONTRERAS

Mailing Address 12812 HARVEST AVE.

City NORWALK State CA Zip Code 90650

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.74454

Amount of Each Receipt this Period  
42.50

**B.** Full Name (Last, First, Middle Initial)  
EDWARD S CONWAY

Mailing Address 2725 CLADIUS DR

City GRAND PRAIRIE State TX Zip Code 75052-7010

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

Name of Employer LOCKHEED MARTIN CORPORATI-ON Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.74079

Amount of Each Receipt this Period  
24.00

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

Mailing Address 3802 STAR ISLAND DRIVE

City HOLIDAY State FL Zip Code 34691

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

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

Transaction ID: SA11A1.74523

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	71.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. JOHN COYNE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address <b>3802 STAR ISLAND DRIVE</b>		<b>Transaction ID: SA11A1.75177</b>	
City <b>HOLIDAY</b>	State <b>FL</b>	Zip Code <b>34691</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00		

Full Name (Last, First, Middle Initial) <b>B. B Cribbs</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address <b>69 CRANBROOK RD</b>		<b>Transaction ID: SA11A1.74037</b>	
City <b>TONAWANDA</b>	State <b>NY</b>	Zip Code <b>14150-5417</b>	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AMERICAN AXLE &amp; MANUFACTURING</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>C. DANNY R CROSS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address <b>38 BRIDGEVIEW DR.</b>		<b>Transaction ID: SA11A1.74499</b>	
City <b>ELKTON</b>	State <b>MD</b>	Zip Code <b>21921</b>	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

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

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

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

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

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

Mailing Address 801 WELLER AVENUE

City State Zip Code  
HAMILTON OH 45015-1568

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 ▼ 612.50

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

**Transaction ID:** SA11A1.74025

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
D DEWYER

Mailing Address 47 ROSEMARY AVE

City State Zip Code  
BUFFALO NY 14216-1614

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

Name of Employer Occupation  
AMERICAN AXLE & MANUFACTURING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

**Transaction ID:** SA11A1.74903

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
K H DUBEEKRE

Mailing Address 3703 LASALLE DR

City State Zip Code  
ARLINGTON TX 76016-2930

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

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

**Transaction ID:** SA11A1.74938

Amount of Each Receipt this Period  
24.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	189.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

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

Mailing Address 5277 FM ROAD 55

City State Zip Code  
BLOOMING GROVE TX 76626-9778

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

Name of Employer Occupation  
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 586.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.74518

Amount of Each Receipt this Period  
34.00

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

Mailing Address 62 MAYVILLE AVE

City State Zip Code  
BUFFALO NY 14217-1821

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

Name of Employer Occupation  
AMERICAN AXLE & MFG INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.75199

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
PEGGY A FREEMAN

Mailing Address 4835 HANCE LN

City State Zip Code  
MOSCOW MILLS MO 63362-1833

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.74963

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	119.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS FRICANO**

Mailing Address **118 WOODCREST LN**

City **EATONTON** State **GA** Zip Code **31024-5431**

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

Name of Employer \_\_\_\_\_ Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 30 / 2006**

**Transaction ID: SA11A1.74792**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARY FRIEDLANDER**

Mailing Address **718 MARK AVENUE**

City **HAMILTON** State **OH** Zip Code **45013-1739**

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 ▼ **204.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 21 / 2006**

**Transaction ID: SA11A1.74265**

Amount of Each Receipt this Period  
**24.00**

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

Mailing Address **5769 GLENDALE DR APT B**

City **LOCKPORT** State **NY** Zip Code **14094-5848**

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

Name of Employer **AMERICAN AXLE & MFG INC** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 09 / 2006**

**Transaction ID: SA11A1.74612**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT S GORDON

Mailing Address 5208 LITTLE MOUNTAIN RD.

City State Zip Code  
GASTONIA NC 28056-6916

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.74106

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
DONALD RAY GRUNDY

Mailing Address 3629 RACQUET CLUB DR

City State Zip Code  
GRAND PRAIRIE TX 75052-6108

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

Name of Employer Occupation  
TEXTRON FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.74347

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1306 RANSOM RD

City State Zip Code  
GRAND ISLAND NY 14072-1458

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

Name of Employer Occupation  
AMERICAN AXLE & MFG INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.74049

Amount of Each Receipt this Period  
50.00

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<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. VAUGHN R HARBIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address <b>2088 PLUM RUN ROAD</b>		<b>Transaction ID: SA11A1.74919</b>	
City <b>BARDSTOWN</b>	State <b>KY</b>	Zip Code <b>40004</b>	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. TERRY J HARPER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address <b>4800 SUGAR TREE CT</b>		<b>Transaction ID: SA11A1.74692</b>	
City <b>ARLINGTON</b>	State <b>TX</b>	Zip Code <b>76017-2350</b>	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>LOCKHEED MARTIN CORPORATI- ON</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.00		

Full Name (Last, First, Middle Initial) <b>C. KELLY HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address <b>484 LOVELAND BRANCH HILL</b>		<b>Transaction ID: SA11A1.74570</b>	
City <b>LOVELAND</b>	State <b>OH</b>	Zip Code <b>45140</b>	Amount of Each Receipt this Period 26.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>PHILIP MORRIS</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00		

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



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

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

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

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

Mailing Address 24661 EDGEWOOD DR

City State Zip Code  
STURGIS MI 49091-9330

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

Name of Employer AMERICAN AXLE & MANUFACTURING  
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  
1 1 / 0 9 / 2 0 0 6

**Transaction ID:** SA11A1.74660

Amount of Each Receipt this Period  
60.00

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

Mailing Address 14911 HARMAN ROAD

City State Zip Code  
FRANKLIN OH 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 ▼  
212.50

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

**Transaction ID:** SA11A1.75101

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
R IULIANO

Mailing Address 5646 THUNDER BAY ST

City State Zip Code  
PORTAGE MI 49024-1139

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

Name of Employer AMERICAN AXLE & MANUFACTURING  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

**Transaction ID:** SA11A1.74814

Amount of Each Receipt this Period  
100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) C Jividen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 53 HARBOUR LN		<b>Transaction ID:</b> SA11A1.74736	
City State Zip Code BUFFALO NY 14225-3707		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AMERICAN AXLE & MFG INC FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>B.</b> Full Name (Last, First, Middle Initial) VICTOR A JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 15445 KINGS DR.		<b>Transaction ID:</b> SA11A1.74789	
City State Zip Code ATHENS AL 35611		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>C.</b> Full Name (Last, First, Middle Initial) HOMER JOLLY JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 23621 GARDNER ST		<b>Transaction ID:</b> SA11A1.75115	
City State Zip Code OAK PARK MI 48237-2470		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<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. Jamie Keeton</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 1429 1/2 Butler Ave		<b>Transaction ID: SA11A1.74930</b>	
City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation TEACHING ASSISTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. DENISE KIDD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 7702 E JEFFERSON AVE APT 203		<b>Transaction ID: SA11A1.74050</b>	
City State Zip Code DETROIT MI 48214-2549	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. K Klumpp</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1971 BULLIS RD		<b>Transaction ID: SA11A1.74410</b>	
City State Zip Code ELMA NY 14059-9662	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) D Kocienski		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 90 PULLMAN AVE		<b>Transaction ID:</b> SA11A1.74970	
City BUFFALO	State NY	Amount of Each Receipt this Period 60.00	
Zip Code 14217-1514			
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>B.</b> Full Name (Last, First, Middle Initial) D Kowalski		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 575 CORNWALL AVE		<b>Transaction ID:</b> SA11A1.74538	
City TONAWANDA	State NY	Amount of Each Receipt this Period 80.00	
Zip Code 14150-7149			
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

<b>C.</b> Full Name (Last, First, Middle Initial) M Kuntz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 15 MARY JANES LN		<b>Transaction ID:</b> SA11A1.74718	
City EAST AURORA	State NY	Amount of Each Receipt this Period 35.00	
Zip Code 14052-1400			
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. J LAKEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 200 FOREST HILL DR		<b>Transaction ID: SA11A1.74218</b>	
City <b>WILLIAMSVILLE</b>	State <b>NY</b>	Zip Code <b>14221-3272</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AMERICAN AXLE &amp; MANUFACTURING</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. FRANK N LEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 9315 OHIO		<b>Transaction ID: SA11A1.74728</b>	
City <b>DETROIT</b>	State <b>MI</b>	Zip Code <b>48204</b>	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>C. TERRY L LEEDOM</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 6247 KRUCKEBURG ROAD		<b>Transaction ID: SA11A1.74142</b>	
City <b>GREENVILLE</b>	State <b>OH</b>	Zip Code <b>45331-9210</b>	Amount of Each Receipt this Period 23.08
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>HONEYWELL INTERNATIONAL INC</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	158.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
GARY GENE LIVINGSTON

Mailing Address 10932 DILLON ST

City State Zip Code  
FORT WORTH TX 76179-5320

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

Name of Employer Occupation  
TEXTRON FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.74087

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
RALPH J LYKE

Mailing Address 143 FAY LANE

City State Zip Code  
MINOA NY 13116

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 287.00

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

**Transaction ID:** SA11A1.75203

Amount of Each Receipt this Period  
41.00

**C.** Full Name (Last, First, Middle Initial)  
IAN MACLACHLAN

Mailing Address 1626 HAYNES AVE

City State Zip Code  
KOKOMO IN 46901-5239

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

Name of Employer Occupation  
FEDERAL MOGUL CORP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

**Transaction ID:** SA11A1.75208

Amount of Each Receipt this Period  
7.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	123.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) RANDY A MARTIN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 3205 ASBURY CT.		<b>Transaction ID:</b> SA11A1.74682
City State Zip Code KOKOMO IN 46902	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

<b>B.</b> Full Name (Last, First, Middle Initial) PAUL MARTINEZ		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6317 N RIDGE RD		<b>Transaction ID:</b> SA11A1.74768
City State Zip Code FORT WORTH TX 76135-1347	Amount of Each Receipt this Period 182.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer TEXTRON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.00	

<b>C.</b> Full Name (Last, First, Middle Initial) PAUL MARTINEZ		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 6317 N RIDGE RD		<b>Transaction ID:</b> SA11A1.75205
City State Zip Code FORT WORTH TX 76135-1347	Amount of Each Receipt this Period 26.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer TEXTRON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	218.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 67
	<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. REBECCA MARTINEZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 2248 S QUAIL HOLLOW RD		<b>Transaction ID: SA11A1.74684</b>	
City BYERS      State CO      Zip Code 80103-9431	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>B. REBECCA MARTINEZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 2248 S QUAIL HOLLOW RD		<b>Transaction ID: SA11A1.74379</b>	
City BYERS      State CO      Zip Code 80103-9431	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. RUSS MATTEI</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 2718 MACARTHUR AVE		<b>Transaction ID: SA11A1.75017</b>	
City SOUTH BEND      State IN      Zip Code 46615-3555	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer L T V CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<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. P McCarthy</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address <b>84 W BIHRWOOD DR</b>		<b>Transaction ID: SA11A1.74755</b>	
City <b>BUFFALO</b>	State <b>NY</b>	Amount of Each Receipt this Period 60.00	
Zip Code <b>14224-3626</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AMERICAN AXLE &amp; MFG INC</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B. WESLEY S MC LAUGHLIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address <b>2212 N. 250 E. LOT # 18</b>		<b>Transaction ID: SA11A1.74232</b>	
City <b>KOKOMO</b>	State <b>IN</b>	Amount of Each Receipt this Period 50.00	
Zip Code <b>46901</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. D Mears</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address <b>9105 LAKESHORE DR</b>		<b>Transaction ID: SA11A1.74548</b>	
City <b>BARKER</b>	State <b>NY</b>	Amount of Each Receipt this Period 50.00	
Zip Code <b>14012-9652</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AMERICAN AXLE &amp; MFG INC</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 9715 LAKESHORE RD

City State Zip Code  
ANGOLA NY 14006

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.74380

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2711 DOROTHY LANE AVE

City State Zip Code  
SPRINGFIELD OH 45505

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

Name of Employer Occupation  
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.75092

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
G Middleton

Mailing Address 725 ADAMS ST

City State Zip Code  
VICKSBURG MI 49097-1404

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

Name of Employer Occupation  
AMERICAN AXLE & MANUFACTU- RING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.74655

Amount of Each Receipt this Period  
60.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**BERNICE H MILESKI**

Mailing Address **4120 SOTOL DRIVE**

City **LAS CRUCES** State **NM** Zip Code **88011-7641**

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

Name of Employer Occupation  
 RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1059.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 27 / 2006**

**Transaction ID: SA11A1.75195**

Amount of Each Receipt this Period  
**59.50**

**B.** Full Name (Last, First, Middle Initial)  
**MARTIN MINARD**

Mailing Address **10440 PAMPLONA ST NW**

City **ALBUQUERQUE** State **NM** Zip Code **87114**

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

Name of Employer Occupation  
 DAIMLERCHRYSLER  
 FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 27 / 2006**

**Transaction ID: SA11A1.74703**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAMES E MONTGOMERY**

Mailing Address **142 39TH AVE N**

City **NASHVILLE** State **TN** Zip Code **37209-4962**

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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 27 / 2006**

**Transaction ID: SA11A1.74530**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>259.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
EDWARD M NANNO

Mailing Address 4786 MAKYES RD.

City State Zip Code  
SYRACUSE NY 13215

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

Name of Employer Occupation  
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11A1.75056

Amount of Each Receipt this Period  
50.00

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

Mailing Address 43 HILLSIDE AVE

City State Zip Code  
ORCHARD PARK NY 14127-1015

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

Name of Employer Occupation  
AMERICAN AXLE & MANUFACTURING FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.74649

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
NEVA E O'HARA

Mailing Address 7622 SANDY BEACH ROAD

City State Zip Code  
FOND DU LAC WI 54935-0000

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.74843

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. B Oconnell</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 64 HARTFORD AVE		Transaction ID: SA11A1.74628	
City State Zip Code BUFFALO NY 14223-3131	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. F OHLSON III</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2954 CENTER RD		Transaction ID: SA11A1.74478	
City State Zip Code GAINESVILLE NY 14066	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. S R OVERTURF</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 1843 BISCAYNE DR		Transaction ID: SA11A1.74432	
City State Zip Code SPRINGFIELD OH 45503-6010	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAVISTAR INTERNATIONAL CO-RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.75		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 67		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. W Parkinson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1078 ELMWOOD AVE		<b>Transaction ID: SA11A1.74227</b>	
City State Zip Code BUFFALO NY 14222-1226	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B. D Pawloski</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 405 HUTCHINSON ST		<b>Transaction ID: SA11A1.74922</b>	
City State Zip Code KALAMAZOO MI 49001-4743	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY POTTS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 8490 CRESTMONT DRIVE		<b>Transaction ID: SA11A1.74144</b>	
City State Zip Code WEST CHESTER OH 45069-3496	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2116 FIX RD

City GRAND ISLAND State NY Zip Code 14072-2548

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

Name of Employer AMERICAN AXLE & MANUFACTURING  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2006

Transaction ID: SA11A1.75078

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3927 N 58TH ST.

City MILWAUKEE State WI Zip Code 53216-2230

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

Name of Employer AMERICAN BRANDS  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.50

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2006

Transaction ID: SA11A1.74671

Amount of Each Receipt this Period  
8.50

**C.** Full Name (Last, First, Middle Initial)  
WILLIE D ROBINSON

Mailing Address 6919 N. SUMMERFIELD DR.

City INDIANAPOLIS State IN Zip Code 46214

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

Name of Employer DAIMLERCHRYSLER  
Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

Transaction ID: SA11A1.74819

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	108.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 67
	<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. BAILEY J RUSSELL</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address <b>35 B NORTH EAST ISLES</b>		<b>Transaction ID: SA11A1.74039</b>	
City <b>NORTH EAST</b>	State <b>MD</b>	Zip Code <b>21901</b>	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

Full Name (Last, First, Middle Initial) <b>B. WANDA S SALVATELLI</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address <b>4 GARVEY LANE</b>		<b>Transaction ID: SA11A1.74828</b>	
City <b>NEWARK</b>	State <b>DE</b>	Zip Code <b>19702</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DAIMLERCHRYSLER</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. PAUL SANCHEZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address <b>10 NO. JOYCE ELLEN WAY</b>		<b>Transaction ID: SA11A1.74325</b>	
City <b>ST PETERS</b>	State <b>MO</b>	Zip Code <b>63376</b>	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>FORD MOTOR COMPANY</b>	Occupation <b>FACTORY WORKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 67
	<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. TIMOTHY R SANFORD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 11782 FORREST PARK LANE		<b>Transaction ID: SA11A1.74201</b>
City State Zip Code VICTORVILLE CA 92392	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. ARTHUR SAUCEDO</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6000 ASH FLAT DR		<b>Transaction ID: SA11A1.74107</b>
City State Zip Code FORT WORTH TX 76131-2029	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 175.00
Name of Employer TEXTRON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. ARTHUR SAUCEDO</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 6000 ASH FLAT DR		<b>Transaction ID: SA11A1.75067</b>
City State Zip Code FORT WORTH TX 76131-2029	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer TEXTRON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 67
	<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. K Schaal Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 4854 SALT WORKS RD		Transaction ID: SA11A1.74423	
City MEDINA	State NY	Zip Code 14103-9520	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. K SCHUBERT III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 252 CLAREMONT AVE		Transaction ID: SA11A1.75019	
City TONAWANDA	State NY	Zip Code 14223-2508	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. BRADLEY R SCHWANDA</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 2009 E FOREST HILL AVENUE		Transaction ID: SA11A1.74778	
City OAK CREEK	State WI	Zip Code 53154-3123	Amount of Each Receipt this Period 8.75
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	108.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. P Scime</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 89 LAMSON RD		<b>Transaction ID: SA11A1.74280</b>	
City State Zip Code BUFFALO NY 14223-2536		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. LARRY SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 211 ELLIOTT COURT		<b>Transaction ID: SA11A1.74098</b>	
City State Zip Code KOKOMO IN 46901		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C. JEREMY SEIBERT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address PO BOX 21		<b>Transaction ID: SA11A1.74561</b>	
City State Zip Code BATH IN 47010-0021		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer PHILIP MORRIS		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 67
	<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. LISA M SHUREB</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 4744 CUTTLE ROAD		<b>Transaction ID: SA11A1.74120</b>	
City State Zip Code ST. CLAIR MI 48079	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL SIDERS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 7107 WOLF AVENUE		<b>Transaction ID: SA11A1.74072</b>	
City State Zip Code CLEVELAND OH 44129-2300	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ALCOA INC.	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. D Simmes</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 308 SANDERS RD		<b>Transaction ID: SA11A1.74386</b>	
City State Zip Code BUFFALO NY 14216-1454	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS R SMITH**

Mailing Address **13-D-4 CAPANO DRIVE**

City **NEWARK** State **DE** Zip Code **19702**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**11 / 21 / 2006**

**Transaction ID: SA11A1.74695**

Amount of Each Receipt this Period  
**1.00**

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE SOLANDER**

Mailing Address **PO BOX 597**

City **FLAT ROCK** State **OH** Zip Code **44828-0597**

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

Name of Employer **BELLEVUE MFG CO** Occupation **FACTORY WORKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 19 / 2006**

**Transaction ID: SA11A1.74898**

Amount of Each Receipt this Period  
**40.00**

**C.** Full Name (Last, First, Middle Initial)  
**SALLY M SOWARDS**

Mailing Address **218 GOLDA LANE**

City **FENTON** State **MO** Zip Code **63026**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**11 / 21 / 2006**

**Transaction ID: SA11A1.74042**

Amount of Each Receipt this Period  
**35.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>76.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) R Stachura		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 237 HOLLY ST		<b>Transaction ID:</b> SA11A1.74991
City State Zip Code BUFFALO NY 14206-3221	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DAVID L STAUCH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2665 LEWISBERRY RD		<b>Transaction ID:</b> SA11A1.75040
City State Zip Code YORK PA 17404-1345	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer YORK INTERNATIONAL CORPOR- ATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MARK A STONER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 2415 ROSS STREET		<b>Transaction ID:</b> SA11A1.74676
City State Zip Code NORTHWOOD OH 43619-1417	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) M Tennant		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 42 DIXON DR		<b>Transaction ID:</b> SA11A1.74348	
City KENMORE	State NY	Zip Code 14223-1815	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>B.</b> Full Name (Last, First, Middle Initial) VESTER TRIPLETT JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 124 W 24TH ST		<b>Transaction ID:</b> SA11A1.74797	
City WILMINGTON	State DE	Zip Code 19802	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.00		

<b>C.</b> Full Name (Last, First, Middle Initial) ANTHONY LYNN WARENSKJOLD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO BOX 97		<b>Transaction ID:</b> SA11A1.75085	
City ALVARADO	State TX	Zip Code 76009-0097	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			
Name of Employer TEXTRON	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	301.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ANTHONY LYNN WARENSKJOLD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address PO BOX 97		<b>Transaction ID: SA11A1.74878</b>
City ALVARADO	State TX	Zip Code 76009-0097
Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer TEXTRON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. DUKE WHEELER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 3760 HICKORY VIEW DRIVE		<b>Transaction ID: SA11A1.74891</b>
City HAMILTON	State OH	Zip Code 45011-6526
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) <b>C. JEFFERY SCOTT WICHMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1010 BLANCO DRIVE		<b>Transaction ID: SA11A1.74951</b>
City EULESS	State TX	Zip Code 76039-3222
Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer TEXTRON	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 67
	<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. JEFFERY SCOTT WICHMAN</b>		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 1010 BLANCO DRIVE		<b>Transaction ID: SA11A1.74627</b>
City <b>EULESS</b>	State <b>TX</b>	Zip Code <b>76039-3222</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer <b>TEXTRON</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. R Wortinger</b>		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 58508 ASH RD		<b>Transaction ID: SA11A1.74613</b>
City <b>THREE RIVERS</b>	State <b>MI</b>	Zip Code <b>49093-9356</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer <b>AMERICAN AXLE &amp; MANUFACTURING</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. RAYMOND SCOTT YANEZ</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2006
Mailing Address 1348 NORWOOD DR		<b>Transaction ID: SA11A1.75077</b>
City <b>HURST</b>	State <b>TX</b>	Zip Code <b>76053-4057</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer <b>TEXTRON</b>	Occupation <b>FACTORY WORKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 67	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
 RAYMOND SCOTT YANEZ

Mailing Address 1348 NORWOOD DR

City State Zip Code  
 HURST TX 76053-4057

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

Name of Employer Occupation  
 TEXTRON FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.74992

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	25.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7295.49

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 67
	<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.</b> Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address PO Box 206A		Transaction ID: SA17.75216	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 3704.09
FEC ID number of contributing federal political committee. C		INTEREST ON CHECKING	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 53270.24		

Full Name (Last, First, Middle Initial) <b>B.</b> Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address PO Box 206A		Transaction ID: SA17.75217	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 43.60
FEC ID number of contributing federal political committee. C		INTEREST ON CHECKING	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 53313.84		

Full Name (Last, First, Middle Initial) <b>C.</b> Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address PO Box 206A		Transaction ID: SA17.75218	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 119.17
FEC ID number of contributing federal political committee. C		INTEREST ON CHECKING	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 53433.01		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3866.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 44 / 67	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)

**A.** Full Name (Last, First, Middle Initial)  
Bank One

Mailing Address PO Box 206A

City State Zip Code  
Detroit MI 48232

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
53517.72

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: SA17.75219

Amount of Each Receipt this Period  
84.71

INTEREST ON CHECKING

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3951.57

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 67

<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. JOSEPH MICHAEL</b>		<b>Transaction ID: SB21B.73939</b> Date of Disbursement 11 / 17 / 2006
Mailing Address 22150 STRATFORD		Amount of Each Disbursement this Period 141.92
City OAK PARK	State MI Zip Code 48237	
Purpose of Disbursement REIMBRSE MBR WORK REG 1A CAMP		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UAW LOCAL 600</b>		<b>Transaction ID: SB21B.73941</b> Date of Disbursement 11 / 17 / 2006
Mailing Address 10550 DIX		Amount of Each Disbursement this Period 9547.69
City DEARBORN	State MI Zip Code 48120	
Purpose of Disbursement REIMB MEM WORK REG 1A ELECTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

9689.61

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

9689.61

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 67

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

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

Full Name (Last, First, Middle Initial) <b>A. AMERIPAC</b>		<b>Transaction ID:</b> SB23.73951 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1341 G STREET NW SUITE 200		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. ARIZONA DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB23.73943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 2910 N. CENTRAL AVENUE		Amount of Each Disbursement this Period 4000.00
City PHOENIX State AZ Zip Code 85012	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. ARKANSAS DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB23.73942 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO BOX 2720		Amount of Each Disbursement this Period 5000.00
City LITTLE ROCK State AR Zip Code 72203	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 67

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

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

Full Name (Last, First, Middle Initial) <b>A. BUSANSKY FOR CONGRESS</b>		Transaction ID: SB23.73958 Date of Disbursement 10 / 23 / 2006	
Mailing Address 3611 SCHEFFLERA RD.		Amount of Each Disbursement this Period 5000.00	
City TAMPA State FL Zip Code 33618	Purpose of Disbursement PHYLLIS BUSANSKY	Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CARDOZA FOR CONGRESS</b>		Transaction ID: SB23.73946 Date of Disbursement 10 / 26 / 2006	
Mailing Address PO BOX 2749		Amount of Each Disbursement this Period 3000.00	
City MERCED State CA Zip Code 95344	Purpose of Disbursement DENNIS CARDOZA	Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CASTOR FOR CONGRESS</b>		Transaction ID: SB23.73953 Date of Disbursement 10 / 23 / 2006	
Mailing Address PO BOX 5419		Amount of Each Disbursement this Period 1000.00	
City TAMPA State FL Zip Code 33675	Purpose of Disbursement KATHY CASTOR	Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CHET CULVER COMMITTEE</b>		<b>Transaction ID:</b> SB23.75215 <b>Date of Disbursement</b> 10 / 23 / 2006	
Mailing Address PO BOX 6068		Amount of Each Disbursement this Period 15000.00	
City DES MOINES	State IA		Zip Code 50309
Purpose of Disbursement CHET CULVER			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IA District:	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR BOBBY RUSH</b>		<b>Transaction ID:</b> SB23.73967 <b>Date of Disbursement</b> 10 / 31 / 2006	
Mailing Address 514 EAST 95TH STREET		Amount of Each Disbursement this Period 500.00	
City CHICAGO	State IL		Zip Code 60619
Purpose of Disbursement BOBBY L RUSH			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 1	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR CHARLES DERTINGER</b>		<b>Transaction ID:</b> SB23.73996 <b>Date of Disbursement</b> 10 / 26 / 2006	
Mailing Address PO BOX 787		Amount of Each Disbursement this Period 2500.00	
City WHITEHALL	State PA		Zip Code 18052
Purpose of Disbursement CHARLES DERTINGER			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District: 15	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 67

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

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

Full Name (Last, First, Middle Initial) <b>A. CLINT CURTIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO BOX 1456		Amount of Each Disbursement this Period 5000.00
City TITUSVILLE State FL Zip Code 32780	Purpose of Disbursement CLINT CURTIS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. COALITION OF BLACK TRADE UNIONISTS</b>		<b>Transaction ID:</b> SB23.73977 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO BOX 5034		Amount of Each Disbursement this Period 2500.00
City ST. LOUIS State MO Zip Code 63115	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO ELECT CAROL GAY</b>		<b>Transaction ID:</b> SB23.75220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 19 MAIN STREET		Amount of Each Disbursement this Period 5000.00
City TOMS RIVER State NJ Zip Code 08753	Purpose of Disbursement CAROL GAY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO ELECT JOHN RUSSELL</b>		<b>Transaction ID:</b> SB23.73957 Date of Disbursement
Mailing Address PO BOX 2163		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
City DADE CITY	State FL	Zip Code 33526-2163
Purpose of Disbursement JOHN RUSSELL	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 05		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO RE-ELECT NYDIA VELAZQUEZ</b>		<b>Transaction ID:</b> SB23.73988 Date of Disbursement
Mailing Address 436 NEW JERSEY AVENUE SE		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement NYDIA VELAZQUEZ	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 12		

Full Name (Last, First, Middle Initial) <b>C. DAN LIPINSKI FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73966 Date of Disbursement
Mailing Address 5838 S. ARCHER		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City CHICAGO	State IL	Zip Code 60638
Purpose of Disbursement DAN LIPINSKI	<input type="text" value="4000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC PARTY OF VIRGINIA</b>		<b>Transaction ID:</b> SB23.74003 Date of Disbursement
Mailing Address 1108 EAST MAIN STREET 2ND FLOOR		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City RICHMOND	State VA	Zip Code 23219
Purpose of Disbursement CONTRIBUTION	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATS WINN SEATS PAC</b>		<b>Transaction ID:</b> SB23.73960 Date of Disbursement
Mailing Address 1071 TWIN BRANCH LANE		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WESTON	State FL	Zip Code 33326
Purpose of Disbursement CONTRIBUTION	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. EARL POMEROY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73978 Date of Disbursement
Mailing Address PO BOX 75214		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WASHINGTON	State DC	Zip Code 20013-5214
Purpose of Disbursement EARL POMEROY	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 01	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CAROLYN MCCARTHY COMMITTEE</b>		Transaction ID: SB23.73987	
Mailing Address 38 IVY STREET SE		Date of Disbursement 10 / 26 / 2006	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement CAROLYN MCCARTHY		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 4			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVID GILL</b>		Transaction ID: SB23.73965	
Mailing Address 321 N. CENTER ST.		Date of Disbursement 10 / 23 / 2006	
City CLINTON	State IL	Zip Code 61727	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement DAVID GILL		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 15			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOE BACA</b>		Transaction ID: SB23.73944	
Mailing Address PO BOX 362		Date of Disbursement 10 / 23 / 2006	
City SAN BERNARDINO	State CA	Zip Code 92402-0362	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement JOE BACA		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 43			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MAZIE HIRONO</b>		Transaction ID: SB23.73963 Date of Disbursement 10 / 23 / 2006
Mailing Address PO BOX 677		Amount of Each Disbursement this Period 4000.00
City HONOLULU	State HI Zip Code 96809	
Purpose of Disbursement MAZIE HIRONO		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI District: 02		

Full Name (Last, First, Middle Initial) <b>B. GILLIBRAND FOR CONGRESS</b>		Transaction ID: SB23.73986 Date of Disbursement 10 / 26 / 2006
Mailing Address 514 WARREN STREET		Amount of Each Disbursement this Period 5000.00
City HUDSON	State NY Zip Code 12534	
Purpose of Disbursement KRISTEN GILLIBRAND		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>C. GRANT FOR CONGRESS</b>		Transaction ID: SB23.73964 Date of Disbursement 11 / 06 / 2006
Mailing Address PO BOX 489		Amount of Each Disbursement this Period 2000.00
City FRUITLAND	State ID Zip Code 83619	
Purpose of Disbursement LARRY GRANT		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ID District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. HIGGINS FOR CONGRESS</b>		Transaction ID: SB23.73990 Date of Disbursement 11 / 02 / 2006
Mailing Address PO BOX 28		Amount of Each Disbursement this Period 1000.00
City BUFFALO	State NY Zip Code 14220	
Purpose of Disbursement BRIAN M. HIGGINS		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 27		

Full Name (Last, First, Middle Initial) <b>B. JESSE JACKSON, JR FOR CONGRESS</b>		Transaction ID: SB23.73968 Date of Disbursement 11 / 03 / 2006
Mailing Address 421 NEW JERSEY AVENUE SE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement JESSE JACKSON, JR.		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 2		

Full Name (Last, First, Middle Initial) <b>C. JOHN HALL FOR CONGRESS</b>		Transaction ID: SB23.73989 Date of Disbursement 10 / 26 / 2006
Mailing Address 420 MAIN STREET		Amount of Each Disbursement this Period 5000.00
City BEACON	State NY Zip Code 12508	
Purpose of Disbursement JOHN HALL		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. JOHN LEWIS FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.73961 Date of Disbursement																				
Mailing Address 4212 37TH ST., NW		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	3		2	0	0	6													
City WASHINGTON	State DC	Zip Code 20008																				
Purpose of Disbursement JOHN LEWIS		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: GA District: 5	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>B. KIM CLARK FOR CONGRESS</b>		Transaction ID: SB23.73972 Date of Disbursement																				
Mailing Address 107 GENERATIONS DR		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	2		2	0	0	6													
City THREE OAKS	State MI	Zip Code 49128																				
Purpose of Disbursement KIM CLARK		Amount of Each Disbursement this Period <table border="1"><tr><td>2500.00</td></tr></table>	2500.00																			
2500.00																						
Candidate Name																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MI District: 06	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>C. KIM CLARK FOR CONGRESS</b>		Transaction ID: SB23.75223 Date of Disbursement																				
Mailing Address 107 GENERATIONS DR		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	2		2	0	0	6													
City THREE OAKS	State MI	Zip Code 49128																				
Purpose of Disbursement VOIDED CONTRIBUTION CK#27470 DTD 10/5/06		Amount of Each Disbursement this Period <table border="1"><tr><td>-2500.00</td></tr></table>	-2500.00																			
-2500.00																						
Candidate Name																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MI District: 06	Category/ Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00
1000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. KIND FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.74006 Date of Disbursement
Mailing Address P O BOX 184		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City LACROSSE	State WI	Zip Code 54602-0184
Purpose of Disbursement RON KIND	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 03	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KLEEB FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73982 Date of Disbursement
Mailing Address PO BOX 638		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City KEARNEY	State NE	Zip Code 68848
Purpose of Disbursement SCOTT KLEEB	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LINCOLN DAVIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73999 Date of Disbursement
Mailing Address P.O. BOX 2002		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City PALL MALL	State TN	Zip Code 38577
Purpose of Disbursement LINCOLN DAVIS	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 4	Amount of Each Disbursement this Period <input type="text" value="4000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MASSA FOR CONGRESS</b>		Transaction ID: SB23.73992 Date of Disbursement																					
Mailing Address 15 STATE STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	6														
City PITTSFORD	State NY	Zip Code 14534	Amount of Each Disbursement this Period																				
Purpose of Disbursement ERIC MASSA		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 29																						

Full Name (Last, First, Middle Initial) <b>B. MICHAUD FOR CONGRESS</b>		Transaction ID: SB23.73970 Date of Disbursement																					
Mailing Address 213 LISBON STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	6														
City LEWISTON	State ME	Zip Code 04240	Amount of Each Disbursement this Period																				
Purpose of Disbursement MICHAEL MICHAUD		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: ME	District: 02																						

Full Name (Last, First, Middle Initial) <b>C. MOORE FOR CONGRESS</b>		Transaction ID: SB23.74007 Date of Disbursement																					
Mailing Address PO BOX 16645		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	6														
City MILWAUKEE	State WI	Zip Code 53216	Amount of Each Disbursement this Period																				
Purpose of Disbursement GWEN MOORE		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 04																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MORRISON FOR TENNESSEE</b>		<b>Transaction ID:</b> SB23.74001 Date of Disbursement 10 / 26 / 2006
Mailing Address PO BOX 281297		Amount of Each Disbursement this Period 2500.00
City MEMPHIS State TN Zip Code 38168	Purpose of Disbursement BILL MORRISON Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MOUL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73980 Date of Disbursement 11 / 02 / 2006
Mailing Address PO BOX 85445		Amount of Each Disbursement this Period 5000.00
City LINCOLN State NE Zip Code 68501	Purpose of Disbursement MAXINE MOUL Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NADLER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73991 Date of Disbursement 11 / 02 / 2006
Mailing Address 18 EAST 16TH STREET, SUITE 401		Amount of Each Disbursement this Period 5000.00
City NEW YORK State NY Zip Code 10003	Purpose of Disbursement JERROLD NADLER Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. NEVADA STATE DEMOCRATIC PARTY</b>		<b>Transaction ID: SB23.73985</b> Date of Disbursement
Mailing Address PO BOX 70344		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City LAS VEGAS	State NV	Zip Code 89170
Purpose of Disbursement CONTRIBUTION	<input type="text" value="3000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAUL HODES FOR CONGRESS</b>		<b>Transaction ID: SB23.73983</b> Date of Disbursement
Mailing Address 26 SOUTH MAIN STREET, #253		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City CONCORD	State NH	Zip Code 03301
Purpose of Disbursement PAUL HODES	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 02		

Full Name (Last, First, Middle Initial) <b>C. ROBIN FOR CONGRESS</b>		<b>Transaction ID: SB23.73993</b> Date of Disbursement
Mailing Address PO BOX 301		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City NAPOLEON	State OH	Zip Code 43545
Purpose of Disbursement ROBIN WEIRAUCH	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SCHIFF FOR CONGRESS</b>		Transaction ID: SB23.73945 Date of Disbursement
Mailing Address 150 EAST CORSON STREET		<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City PASADENA	State CA	Zip Code 91103
Purpose of Disbursement ADAM SCHIFF	<input type="text"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 29	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. SESTAK FOR CONGRESS</b>		Transaction ID: SB23.75222 Date of Disbursement
Mailing Address PO BOX 16		<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MEDIA	State PA	Zip Code 19063
Purpose of Disbursement VOIDED CONTRIBUTION CK#27426 DTD 9/12/06	<input type="text"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 07	
		Amount of Each Disbursement this Period <input type="text" value="-5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. SESTAK FOR CONGRESS</b>		Transaction ID: SB23.73994 Date of Disbursement
Mailing Address PO BOX 16		<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MEDIA	State PA	Zip Code 19063
Purpose of Disbursement JOE SESTAK	<input type="text"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 07	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SHARON RENIER FOR CONGRESS</b>		<b>Transaction ID: SB23.73973</b> Date of Disbursement 11 / 02 / 2006
Mailing Address 10716 MC CREERY ROAD		Amount of Each Disbursement this Period 2000.00
City MUNITH State MI Zip Code 49259	Purpose of Disbursement SHARON RENIER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ST. LOUIS DEMOCRATIC CENTRAL CAMPAIGN</b>		<b>Transaction ID: SB23.73975</b> Date of Disbursement 11 / 02 / 2006
Mailing Address PO BOX 1233		Amount of Each Disbursement this Period 3000.00
City ST. LOUIS State MO Zip Code 63188	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. TAKE BACK CONGRESS - CT</b>		<b>Transaction ID: SB23.73948</b> Date of Disbursement 10 / 26 / 2006
Mailing Address 621 FARMINGTON AVENUE 2ND FL		Amount of Each Disbursement this Period 5000.00
City HARTFORD State CT Zip Code 06105	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. TRUEDEM LEADERSHIP FUND</b>		<b>Transaction ID:</b> SB23.73950 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO BOX 2884		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. TRUPIANO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.73971 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO BOX 723		Amount of Each Disbursement this Period 5000.00
City DEARBORN HEIGHTS State MI Zip Code 48127	Purpose of Disbursement TONY TRUPIANO Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON STATE DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB23.74005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO BOX 4027		Amount of Each Disbursement this Period 4000.00
City SEATTLE State WA Zip Code 98104	Purpose of Disbursement CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. WHITEHOUSE '06</b>		Transaction ID: SB23.73998	
Mailing Address PO BOX 40280		Date of Disbursement 10 / 26 / 2006	
City PROVIDENCE	State RI	Zip Code 02904	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement SHELDON WHITEHOUSE		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District:		

Full Name (Last, First, Middle Initial) <b>B. YARMUTH FOR CONGRESS</b>		Transaction ID: SB23.73969	
Mailing Address 1815 BROWNSBORO ROAD #100		Date of Disbursement 10 / 31 / 2006	
City LOUISVILLE	State KY	Zip Code 40206	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement JOHN YARMUTH		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY	District: 03		

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

8000.00

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

182000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 67

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

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

Full Name (Last, First, Middle Initial) <b>A. 21ST CENTURY FUND</b>		<b>Transaction ID: SB29.74008</b> Date of Disbursement 10 / 19 / 2006
Mailing Address 606 TOWNSEND		Amount of Each Disbursement this Period 300000.00
City LANSING	State MI Zip Code 48933	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC GOVERNORS' ASSOCIATION</b>		<b>Transaction ID: SB29.74009</b> Date of Disbursement 10 / 23 / 2006
Mailing Address 430 S. CAPITOL SE		Amount of Each Disbursement this Period 27900.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. DEMOCRATIC PARTY OF WISCONSIN</b>		<b>Transaction ID: SB29.75225</b> Date of Disbursement 11 / 10 / 2006
Mailing Address 222 STATE STREET, SUITE 400		Amount of Each Disbursement this Period -5000.00
City MADISON	State WI Zip Code 53703	
Purpose of Disbursement VOIDED CONTRIBUTION CK#27459 DTD 10/5/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>322900.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. GREATER WISCONSIN COMMITTEE PAC</b>		<b>Transaction ID:</b> SB29.74016 Date of Disbursement
Mailing Address PO BOX 861		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City MADISON	State WI	Zip Code 53701
Purpose of Disbursement CONTRIBUTION	<input type="text" value="10000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IOWA DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB29.74012 Date of Disbursement
Mailing Address 5661 FLEUR DRIVE		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City DES MOINES	State IA	Zip Code 50321
Purpose of Disbursement CONTRIBUTION	<input type="text" value="10000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MISSOURI STATE DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB29.74011 Date of Disbursement
Mailing Address P.O. BOX 719		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City JEFFERSON CITY	State MO	Zip Code 65102
Purpose of Disbursement CONTRIBUTION	<input type="text" value="50000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="70000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MOVING VIRGINIA FORWARD</b>		Transaction ID: SB29.74014 Date of Disbursement																				
Mailing Address 1021 EAST CARY STREET SUITE 2150		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	2	/	2	0	0	6													
City RICHMOND	State VA	Zip Code 23219																				
Purpose of Disbursement CONTRIBUTION	<input type="text"/>																					
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>																				

Full Name (Last, First, Middle Initial) <b>B. OHIO STATE UAW PAC COUNCIL</b>		Transaction ID: SB29.74010 Date of Disbursement																				
Mailing Address 133 E. LIVINGSTON ROAD		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	6	/	2	0	0	6													
City COLUMBUS	State OH	Zip Code 43215																				
Purpose of Disbursement FUND REPLENISHMENT	<input type="text"/>																					
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <input type="text" value="100000.00"/>																				

Full Name (Last, First, Middle Initial) <b>C. WESTERN NEW YORK CAP COUNCIL</b>		Transaction ID: SB29.74018 Date of Disbursement																				
Mailing Address 35 GEORGE KARL BLVD., #100		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	6	/	2	0	0	6													
City AMHERST	State NY	Zip Code 14221																				
Purpose of Disbursement GOTV ACTIVITIES	<input type="text"/>																					
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <input type="text" value="25000.00"/>																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="135000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. WORKING FAMILIES PARTY**

Mailing Address 88 THIRD AVE, 4TH FLOOR

City State Zip Code  
BROOKLYN NY 11217

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.74017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

532900.00