

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 CITY STATE ZIP CODE

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

- (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R)

Election on in the State of

- (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer DENNIS WILLIAMS

Signature of Treasurer Electronically Filed by DENNIS WILLIAMS Date 10 15 2010

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		6015242.40
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	7608236.91									
(c) Total Receipts (from Line 19) .....	841814.75	3931721.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	8450051.66	9946964.08								
7. Total Disbursements (from Line 31) .....	2977279.22	4474191.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5472772.44	5472772.44								
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:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	14807.69	44230.00
(ii) Unitemized .....	825136.04	3879989.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	839943.73	3924219.66
(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) .....	839943.73	3924219.66
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) .....	236.20	1790.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1634.82	5211.82
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)) .....	841814.75	3931721.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	841814.75	3931721.68

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	250039.22	550391.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	250039.22	550391.64
22. Transfers to Affiliated/Other Party Committees.....	450000.00	1002000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	465000.00	980000.00
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 .....	50.00	110.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	50.00	110.00
29. Other Disbursements.....	1812190.00	1941690.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2977279.22	4474191.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2977279.22	4474191.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	839943.73	3924219.66
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	839893.73	3924109.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	250039.22	550391.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	236.20	1790.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	249803.02	548601.44

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

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

FOR LINE NUMBER: PAGE 6 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1121 PAXTON ST

City Toledo State OH Zip Code 43608

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.72

Date of Receipt 08 / 27 / 2010

Transaction ID: SA11AI.117269

Amount of Each Receipt this Period 23.08

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

Mailing Address 1628 MICHIGAN AVENUE

City SHEBOYGAN State WI Zip Code 53081-3273

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

Name of Employer KOHLER CO Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2010

Transaction ID: SA11AI.117533

Amount of Each Receipt this Period 50.00

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

Mailing Address 1628 MICHIGAN AVENUE

City SHEBOYGAN State WI Zip Code 53081-3273

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

Name of Employer KOHLER CO Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2010

Transaction ID: SA11AI.117892

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 123.08

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

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

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

FOR LINE NUMBER: PAGE 7 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1628 MICHIGAN AVENUE

City State Zip Code  
SHEBOYGAN WI 53081-3273

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

Name of Employer Occupation  
KOHLER CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

**Transaction ID:** SA11AI.117751

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
BRIAN S BESS

Mailing Address 29759 ROAN

City State Zip Code  
WARREN MI 48093

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 ▼ 660.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** SA11AI.117956

Amount of Each Receipt this Period  
240.00

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

Mailing Address 901 AMBER RIDGE DR SW

City State Zip Code  
BYRON CENTER MI 49315-9796

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2010

**Transaction ID:** SA11AI.118061

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **310.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
RALPH E BISHOP

Mailing Address 8720 N JEFFERSON

City State Zip Code  
KANSAS CITY MO 64155

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: SA11AI.117355

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY O BOOTH

Mailing Address 1526 SEVERN LN

City State Zip Code  
WICKLIFFE OH 44092-1055

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

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.118484

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
WILFRED J BRINKMAN

Mailing Address 1285 N SHOOP AVE  
LOT 79

City State Zip Code  
WAUSEON OH 43567

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.72

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: SA11AI.117612

Amount of Each Receipt this Period

57.70

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

407.70

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 135
	(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) WILFRED J BRINKMAN	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 1285 N SHOOP AVE LOT 79	<b>Transaction ID:</b> SA11AI.117232
	City WAUSEON State OH Zip Code 43567	Amount of Each Receipt this Period 40.60
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer LEAR CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.32	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM J BROWN	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address P.O. BOX 352	<b>Transaction ID:</b> SA11AI.118022
	City RUTHERFORD State TN Zip Code 38369-0352	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JORGE CABRERA	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 5914 FOOTHILL DR	<b>Transaction ID:</b> SA11AI.117847
	City LOS ANGELES State CA Zip Code 90068	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CALIFORNIA (UNIVERSITY OF) Occupation CLERICAL WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** SA11AI.117214

Amount of Each Receipt this Period  
50.00

**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 ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

**Transaction ID:** SA11AI.118486

Amount of Each Receipt this Period  
75.00

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

Mailing Address 300 WATER ST

City State Zip Code  
LYONS MI 48851

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** SA11AI.117928

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1011 W BASELINE RD

City State Zip Code  
SHELBY MI 49455-9252

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

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** SA11AI.118050

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1011 W BASELINE RD

City State Zip Code  
SHELBY MI 49455-9252

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

Name of Employer Occupation  
ALCOA INC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2010

**Transaction ID:** SA11AI.118062

Amount of Each Receipt this Period  
30.00

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

Mailing Address 12812 HARVEST AVE.

City State Zip Code  
NORWALK CA 90650

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

Name of Employer Occupation  
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

**Transaction ID:** SA11AI.118483

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 135
	<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) DAVID CONVERY		Date of Receipt	
	Mailing Address 123 ARTLEE AVE		M M / D D / Y Y Y Y Y 07 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.117905
	BUTLER	PA	16001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer A K STEEL CORPORATION		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID CONVERY		Date of Receipt	
	Mailing Address 123 ARTLEE AVE		M M / D D / Y Y Y Y Y 08 / 02 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.117468
	BUTLER	PA	16001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer A K STEEL CORPORATION		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) BRIAN D COSSITOR		Date of Receipt	
	Mailing Address 119 MAPLE DR		M M / D D / Y Y Y Y Y 07 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.117987
	RENFREW	PA	16053-9233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		75.00	
Name of Employer A K STEEL CORPORATION		Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 135  
(check only one)

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

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

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

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

Mailing Address 119 MAPLE DR

City State Zip Code  
RENFREW PA 16053-9233

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

Name of Employer Occupation  
A K STEEL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2010

Transaction ID: SA11AI.117538

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
LLOYD COX

Mailing Address 3805 HARROGATE DR.

City State Zip Code  
NORMAN OK 73072

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  
MM / DD / YYYY  
09 / 02 / 2010

Transaction ID: SA11AI.118511

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3802 STAR ISLAND DRIVE

City State Zip Code  
HOLIDAY FL 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 ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

Transaction ID: SA11AI.117421

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 340.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
RAYMOND S DAVIS JR

Mailing Address 10065 MCKINLEY CT

City State Zip Code  
MONTROSE MI 48457-9069

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 ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** SA11AI.117281

Amount of Each Receipt this Period  
80.00

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

Mailing Address 18437 NORTHLAWN

City State Zip Code  
DETROIT MI 48221

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** SA11AI.117502

Amount of Each Receipt this Period  
240.00

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

Mailing Address 904 S WOLF LAKE RD

City State Zip Code  
MUSKEGON MI 49442-3044

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  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** SA11AI.118066

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **620.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM FORT**  
 Mailing Address **4124 AMMANN LANE**  
 City **ST LOUIS** State **MO** Zip Code **63121**  
 Date of Receipt **09 / 02 / 2010**  
**Transaction ID: SA11AI.118553**  
 Amount of Each Receipt this Period **300.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

**B.** Full Name (Last, First, Middle Initial)  
**ANTONIO FRANSETTA**  
 Mailing Address **12059 SUNSET POINT CT**  
 City **WELLINGTON** State **FL** Zip Code **33414**  
 Date of Receipt **08 / 17 / 2010**  
**Transaction ID: SA11AI.117654**  
 Amount of Each Receipt this Period **500.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

**C.** Full Name (Last, First, Middle Initial)  
**PETER FULLERTON**  
 Mailing Address **563 WILLIAMS AVE**  
 City **BROOKLYN** State **NY** Zip Code **11207-6250**  
 Date of Receipt **08 / 27 / 2010**  
**Transaction ID: SA11AI.117441**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation **LOCAL UNION STAFF**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 16 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
CARVEL V GARDNER  
Mailing Address 15156 S. LINDEN RD.  
City LINDEN State MI Zip Code 48451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHRYSLER LLC Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00  
Date of Receipt 08 / 24 / 2010  
Transaction ID: SA11AI.117798  
Amount of Each Receipt this Period 205.00

**B.** Full Name (Last, First, Middle Initial)  
DANIEL J GREEN  
Mailing Address 142 BRYSON RD  
City BUTLER State PA Zip Code 16001-7314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A K STEEL CORPORATION Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 07 / 15 / 2010  
Transaction ID: SA11AI.117450  
Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
EARL F GROVE  
Mailing Address 1223 FELTON RD  
City RED LION State PA Zip Code 17356-9305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 09 / 07 / 2010  
Transaction ID: SA11AI.118640  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 580.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 17 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 18275 NEW JERSEY

City SOUTHFIELD State MI Zip Code 48075

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

Name of Employer CHRYSLER LLC Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 08 / 24 / 2010  
**Transaction ID: SA11AI.117272**  
 Amount of Each Receipt this Period: 240.00

**B.** Full Name (Last, First, Middle Initial)  
FRANCES HALLENBECK

Mailing Address 6540 MARQUETTE

City ST. LOUIS State MO Zip Code 63139

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: 09 / 02 / 2010  
**Transaction ID: SA11AI.118618**  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL T HALLEY

Mailing Address 3658 DOVER PL.

City ST LOUIS State MO Zip Code 63116

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

Name of Employer CHRYSLER LLC Occupation FACTORY WORKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 08 / 24 / 2010  
**Transaction ID: SA11AI.117581**  
 Amount of Each Receipt this Period: 140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 680.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 135
	(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) BENJAMIN HANOWELL		Date of Receipt
	Mailing Address 5029 50TH AVE. NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 16 / 2010
	City	State	Zip Code
	SEATTLE	WA	98105
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.117291
Name of Employer WASHINGTON (UNIVERSITY OF)		Occupation CLERICAL WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 75.00

<b>B.</b>	Full Name (Last, First, Middle Initial) VAUGHN R HARBIN		Date of Receipt
	Mailing Address 2088 PLUM RUN ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 24 / 2010
	City	State	Zip Code
	BARDSTOWN	KY	40004
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.117694
Name of Employer FORD MOTOR COMPANY		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 90.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JUDY HARDEN		Date of Receipt
	Mailing Address 8102 SPRING ORCHARD CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 24 / 2010
	City	State	Zip Code
	LOUISVILLE	KY	40218
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.117921
Name of Employer		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 315.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 135  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City INDIANAPOLIS State IN Zip Code 46241-1221

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 07 / 22 / 2010

Transaction ID: SA11AI.118011

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City INDIANAPOLIS State IN Zip Code 46241-1221

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2010

Transaction ID: SA11AI.117860

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City INDIANAPOLIS State IN Zip Code 46241-1221

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 23 / 2010

Transaction ID: SA11AI.117277

Amount of Each Receipt this Period 25.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 135  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DOROTHY HARRIS

Mailing Address 7865 NW ROANRIDGE ROAD, APT D

City State Zip Code  
KANSAS CITY MO 64151

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  
MM / DD / YYYY  
08 / 24 / 2010

Transaction ID: SA11AI.117788

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
DEBORAH HASER

Mailing Address 13124 TURTLECREEK DRIVE

City State Zip Code  
OKLAHOMA CITY OK 73170-6805

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

Name of Employer Occupation  
INTERNATIONAL UNION UAW UAW STAFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

Transaction ID: SA11AI.118619

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
STACY O HAWKINS

Mailing Address 19335 FIELDING

City State Zip Code  
DETROIT MI 48219

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

Transaction ID: SA11AI.117425

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **570.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 101 MELODY DRIVE

City State Zip Code  
METAIRIE LA 70001

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

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

**Transaction ID:** SA11AI.118543

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL HENRY

Mailing Address 845 DECKERVILLE RD

City State Zip Code  
DECKERVILLE MI 48427-9307

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

Name of Employer Occupation  
HURON INC. FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

**Transaction ID:** SA11AI.118049

Amount of Each Receipt this Period  
20.00

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

Mailing Address 4608 11TH AVE

City State Zip Code  
SACRAMENTO CA 95820

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

Name of Employer Occupation  
UAW LOCAL 4123 LOCAL UNION STAFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.95

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** SA11AI.117815

Amount of Each Receipt this Period  
32.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **352.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 135
	<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) JOHN HERING		Date of Receipt
	Mailing Address 4608 11TH AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 27 / 2010
	City	State	Zip Code
	SACRAMENTO	CA	95820
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.117969
Name of Employer UAW LOCAL 4123		Occupation LOCAL UNION STAFF	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 258.40	<input type="text"/> 48.45

<b>B.</b>	Full Name (Last, First, Middle Initial) EVETTE JASPER		Date of Receipt
	Mailing Address 725 E PIKE ST. APT. 311		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2010
	City	State	Zip Code
	SEATTLE	WA	98122
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.118009
Name of Employer WASHINGTON (UNIVERSITY OF)		Occupation CLERICAL WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50	<input type="text"/> 75.00

<b>C.</b>	Full Name (Last, First, Middle Initial) TAMMY J JONES		Date of Receipt
	Mailing Address 21520 DEQUINDRE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2010
	City	State	Zip Code
	WARREN	MI	48091
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.117418
Name of Employer DAIMLERCHRYSLER		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 323.45
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 23 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
KEN JORDAN  
Mailing Address BOX 6197  
City FORT WORTH State TX Zip Code 76115-0197  
FEC ID number of contributing federal political committee. **C**  
Name of Employer REYNOLDS METAL Occupation FACTORY WORKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 02 / 2010  
Transaction ID: SA11AI.118512  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
DENISE KIDD  
Mailing Address 7702 E JEFFERSON AVE APT 203  
City DETROIT State MI Zip Code 48214-2549  
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 ▼ 210.00  
Date of Receipt 08 / 24 / 2010  
Transaction ID: SA11AI.117396  
Amount of Each Receipt this Period 120.00

**C.** Full Name (Last, First, Middle Initial)  
LARRY D KITSON  
Mailing Address 1771 County Rd 15  
City Mt Home State AZ Zip Code 72653-6293  
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 09 / 02 / 2010  
Transaction ID: SA11AI.118583  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 720.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MARK KUNDRICK

Mailing Address 2060 DUNWOODIE ST

City State Zip Code  
ORTONVILLE MI 48462-8556

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 ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: SA11AI.117811

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)  
RONALD D LONG

Mailing Address 3164 COSSELL DR

City State Zip Code  
INDIANAPOLIS IN 46224-2328

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 298.90

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11AI.118542

Amount of Each Receipt this Period

298.90

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD E MAY

Mailing Address 8192 E OUTER DRIVE

City State Zip Code  
DETROIT MI 48213

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: SA11AI.117841

Amount of Each Receipt this Period

240.00

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

778.90

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 135  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DYLAN H MAYER

Mailing Address PO BOX 353350

City SEATTLE State WA Zip Code 98195-3350

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

Name of Employer WASHINGTON (UNIVERSITY OF) Occupation CLERICAL WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt MM / DD / YYYY 08 / 16 / 2010

Transaction ID: SA11AI.117514

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
STEPHEN MAYFIELD

Mailing Address 1462 FOX CT

City MANDEVILLE State LA Zip Code 70448-6227

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 ▼ 225.00

Date of Receipt MM / DD / YYYY 07 / 28 / 2010

Transaction ID: SA11AI.117448

Amount of Each Receipt this Period 45.00

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN MAYFIELD

Mailing Address 1462 FOX CT

City MANDEVILLE State LA Zip Code 70448-6227

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 ▼ 270.00

Date of Receipt MM / DD / YYYY 09 / 07 / 2010

Transaction ID: SA11AI.118563

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 135
	<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) DEBRA L MCKENZIE	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 81 ROSSWAY AVE #67	<b>Transaction ID:</b> SA11AI.117803
	City State Zip Code ROSSFORD OH 43460	Amount of Each Receipt this Period 23.08
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26	

<b>B.</b>	Full Name (Last, First, Middle Initial) DEBRA L MCKENZIE	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 81 ROSSWAY AVE #67	<b>Transaction ID:</b> SA11AI.117721
	City State Zip Code ROSSFORD OH 43460	Amount of Each Receipt this Period 23.08
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) WESLEY S MC LAUGHLIN	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 2212 N. 250 E. LOT # 18	<b>Transaction ID:</b> SA11AI.117429
	City State Zip Code KOKOMO IN 46901	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>246.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) A MEMMO</p> <p>Mailing Address 9715 LAKESHORE RD</p> <p>City State Zip Code ANGOLA NY 14006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 24 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.117247</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">150.00</span></p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) DAVE MINNIS</p> <p>Mailing Address 10809 PINEVIEW DRIVE</p> <p>City State Zip Code MABELVALE AR 72103-4555</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 02 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.118585</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) LINDA MITCHELL</p> <p>Mailing Address 3813 BRAMBLETON PLACE</p> <p>City State Zip Code FORT WORTH TX 76119</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 02 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.118544</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JOHN C MORRIS

Mailing Address 1116 SOUTHWINDS DR

City State Zip Code  
PORT ORANGE FL 32129-7835

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

Name of Employer Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.118006

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN C MORRIS

Mailing Address 1116 SOUTHWINDS DR

City State Zip Code  
PORT ORANGE FL 32129-7835

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

Name of Employer Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

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

Transaction ID: SA11AI.118469

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
BRIAN NEGOVAN

Mailing Address 19855 JOLGREN DR

City State Zip Code  
CLINTON TOWNSHIP MI 48038-2263

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

Name of Employer Occupation  
UAW LOCAL 155 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.118054

Amount of Each Receipt this Period  
40.00

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

390.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 135
	<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) BRIAN NEGOVAN	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 19855 JOLGREN DR	<b>Transaction ID:</b> SA11AI.118045
	City State Zip Code CLINTON TOWNSHIP MI 48038-2263	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UAW LOCAL 155 LOCAL UNION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID OFFENHEISER	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 6122 E HIGGINS LAKE DR	<b>Transaction ID:</b> SA11AI.117627
	City State Zip Code ROSCOMMON MI 48653-9351	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHRYSLER LLC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN R OVERTURF	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 1843 BISCAYNE DR	<b>Transaction ID:</b> SA11AI.117866
	City State Zip Code SPRINGFIELD OH 45503-6010	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 135  
(check only one)

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

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

**A.**

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

Mailing Address 9236 24TH AVE SW

City SEATTLE State WA Zip Code 98106-2602

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

Name of Employer UAW LOCAL UNION 4191 Occupation LOCAL UNION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 16 / 2010  
Transaction ID: SA11AI.117764  
Amount of Each Receipt this Period: 75.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City ZIONSVILLE State IN Zip Code 46077-9306

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

Name of Employer PENSKE CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt: 07 / 22 / 2010  
Transaction ID: SA11AI.117382  
Amount of Each Receipt this Period: 42.50

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City ZIONSVILLE State IN Zip Code 46077-9306

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

Name of Employer PENSKE CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 527.50

Date of Receipt: 08 / 03 / 2010  
Transaction ID: SA11AI.117309  
Amount of Each Receipt this Period: 42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 11255 BRENTWOOD AVE

City State Zip Code  
ZIONSVILLE IN 46077-9306

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

Name of Employer Occupation  
PENSKE CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

**Transaction ID:** SA11AI.117611

Amount of Each Receipt this Period  
42.50

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

Mailing Address 1418 20TH AVE

City State Zip Code  
SEATTLE WA 98122

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

Name of Employer Occupation  
WASHINGTON (UNIVERSITY OF) CLERICAL WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

**Transaction ID:** SA11AI.117775

Amount of Each Receipt this Period  
62.50

**C.** Full Name (Last, First, Middle Initial)  
OMA JEAN PITTMAN

Mailing Address 7115 MUNGER RD

City State Zip Code  
YPSILANTI MI 48197

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 ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2010

**Transaction ID:** SA11AI.117553

Amount of Each Receipt this Period  
325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **430.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
OMA JEAN PITTMAN

Mailing Address 7115 MUNGER RD

City State Zip Code  
YPSILANTI MI 48197

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 ▼ 334.00

Date of Receipt

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

Transaction ID: SA11AI.117402

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)  
OMA JEAN PITTMAN

Mailing Address 7115 MUNGER RD

City State Zip Code  
YPSILANTI MI 48197

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 ▼ 343.00

Date of Receipt

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

Transaction ID: SA11AI.117698

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)  
DEAN POGGIALI

Mailing Address 16181 ESKE ST

City State Zip Code  
LANSING MI 48906-1902

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

Name of Employer Occupation  
UAW LOCAL UNION 724 LOCAL UNION OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

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

Transaction ID: SA11AI.118036

Amount of Each Receipt this Period

360.00

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

378.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JAMES POSEY

Mailing Address 6903 N WALNUT

City State Zip Code  
GLADSTONE MO 64118-2516

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.118637

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
DOUGLAS PRESTON

Mailing Address 88 CORWIN ST

City State Zip Code  
NORWALK OH 44857-2243

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 06 / 2010

Transaction ID: SA11AI.117325

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
DOUGLAS PRESTON

Mailing Address 88 CORWIN ST

City State Zip Code  
NORWALK OH 44857-2243

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 960.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.118548

Amount of Each Receipt this Period  
60.00

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

420.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 135  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
SALVADOR QUINTANA

Mailing Address 682 BAKER RD

City State Zip Code  
COLUMBIA TN 38401

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

Transaction ID: SA11AI.117793

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
SHANE SACK

Mailing Address 6110 GRAND BLANC RD

City State Zip Code  
SWARTZ CREEK MI 48473-9442

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

Name of Employer Occupation  
LEAR CORPORATION FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
899.60

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

Transaction ID: SA11AI.118056

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
BRIAN SCHEFKE

Mailing Address 9216 WOODLAWN AVE N

City State Zip Code  
SEATTLE WA 98103-3528

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

Name of Employer Occupation  
WASHINGTON (UNIVERSITY OF) CLERICAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

Transaction ID: SA11AI.117584

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **662.50**

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

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

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

FOR LINE NUMBER: PAGE 35 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3 SCHOOL ST  
PO BOX 283

City State Zip Code  
MCLEAN NY 13102

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

Name of Employer Occupation  
CORNELL UNIVERSITY CLERICAL WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

Transaction ID: SA11AI.117229

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
KEITH SKOTNES

Mailing Address 3504 BRAYTON AVENUE

City State Zip Code  
LONG BEACH CA 90807

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  
MM / DD / YYYY  
09 / 02 / 2010

Transaction ID: SA11AI.118509

Amount of Each Receipt this Period  
300.00

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

Mailing Address 5119 WEST 488 NORTH

City State Zip Code  
DELPHI IN 46923

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

Transaction ID: SA11AI.117331

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
GEORGE SOLANDER

Mailing Address PO BOX 597

City State Zip Code  
FLAT ROCK OH 44828-0597

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

Name of Employer Occupation  
BELLEVUE MFG CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11AI.117833

Amount of Each Receipt this Period  
80.00

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE SOLANDER

Mailing Address PO BOX 597

City State Zip Code  
FLAT ROCK OH 44828-0597

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

Name of Employer Occupation  
BELLEVUE MFG CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 06 / 2010

Transaction ID: SA11AI.117239

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
GEORGE SOLANDER

Mailing Address PO BOX 597

City State Zip Code  
FLAT ROCK OH 44828-0597

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

Name of Employer Occupation  
BELLEVUE MFG CO FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2010

Transaction ID: SA11AI.118503

Amount of Each Receipt this Period  
40.00

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

170.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
GLENN STARK

Mailing Address 7308 4 MILE RD

City State Zip Code  
FRANKSVILLE WI 53126

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 ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: SA11AI.117570

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS THIBEAULT

Mailing Address 1908 OAK COURT

City State Zip Code  
POCAHONTAS AR 72455

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.118510

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
MELVIN N THOMPSON JR

Mailing Address 5722 PERRYTOWN DR

City State Zip Code  
WEST BLOOMFIELD MI 48322

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

Name of Employer Occupation  
CHRYSLER LLC FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: SA11AI.118024

Amount of Each Receipt this Period

240.00

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

660.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5721 CHISWELL RUN

City State Zip Code  
FORT WAYNE IN 46835

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

Name of Employer Occupation  
GENERAL MOTORS FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** SA11AI.118606

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
DONNA WECKERLY

Mailing Address 212 BRIAR HILL RD

City State Zip Code  
KITTANNING PA 16201-8914

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

Name of Employer Occupation  
A K STEEL CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2010

**Transaction ID:** SA11AI.117383

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
VICTORIA S WEILER

Mailing Address 7540 ANDERSON HWY

City State Zip Code  
VERMONTVILLE MI 49096-9545

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

Name of Employer Occupation  
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** SA11AI.117427

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **615.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 135  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
EDMUND WIANECKI  
 Mailing Address 1056 INDIANA CT.  
 City VENICE State CA Zip Code 90291  
 Date of Receipt 09 / 02 / 2010  
**Transaction ID:** SA11AI.118568  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID WILLHOITE  
 Mailing Address 1318 S CLOVERDALE AVE,4  
 City LA State CA Zip Code 90019  
 Date of Receipt 08 / 24 / 2010  
**Transaction ID:** SA11AI.117723  
 Amount of Each Receipt this Period 160.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation CLERICAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 360.00

**C.** Full Name (Last, First, Middle Initial)  
MARGARET WILLIAMS  
 Mailing Address 139 LINKS LANE  
 City WATERLOO State IL Zip Code 62298  
 Date of Receipt 09 / 02 / 2010  
**Transaction ID:** SA11AI.118468  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 760.00  
**TOTAL** This Period (last page this line number only) ..... ▶ 14807.69

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 135  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input 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)  
SWIFT PRINTING COMPANY

Mailing Address 404 BRIDGE STREET NW

City	State	Zip Code
GRAND RAPIDS	MI	49504

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.20

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2010

Transaction ID: SA15.118074

Amount of Each Receipt this Period  
236.20

REFUND INVOICE #38240

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	236.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	236.20



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4066.01

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2010

Transaction ID: SA17.118080

Amount of Each Receipt this Period

489.01

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4072.88

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2010

Transaction ID: SA17.118082

Amount of Each Receipt this Period

6.87

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4142.35

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2010

Transaction ID: SA17.118084

Amount of Each Receipt this Period

69.47

INTEREST ON CHECKING

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

565.35

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4159.19

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2010

Transaction ID: SA17.118086

Amount of Each Receipt this Period

16.84

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4627.52

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA17.118081

Amount of Each Receipt this Period

468.33

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4634.84

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA17.118083

Amount of Each Receipt this Period

7.32

INTEREST ON CHECKING

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

492.49

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 135  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE  
Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4686.32

Date of Receipt  

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

**Transaction ID:** SA17.118085  
 Amount of Each Receipt this Period  
 51.48  
 INTEREST ON CHECKING

**B.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE  
Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4704.81

Date of Receipt  

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

**Transaction ID:** SA17.118087  
 Amount of Each Receipt this Period  
 18.49  
 INTEREST ON CHECKING

**C.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE  
Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5138.86

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

**Transaction ID:** SA17.118106  
 Amount of Each Receipt this Period  
 434.05  
 INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) ..... ► **504.02**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 135

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5194.17

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA17.118107

Amount of Each Receipt this Period

55.31

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5201.04

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA17.118108

Amount of Each Receipt this Period

6.87

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE

Mailing Address 611 WOODWARD

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5211.82

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA17.118109

Amount of Each Receipt this Period

10.78

INTEREST ON CHECKING

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

72.96

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

1634.82

**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 / 135

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

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

A.	Full Name (Last, First, Middle Initial) ALLIED UNION SERVICES	Transaction ID: SB21B.117120 Date of Disbursement 08 / 06 / 2010
	Mailing Address 240 N. FENWAY DRIVE	Amount of Each Disbursement this Period 137.94
	City FENTON State MI Zip Code 48430	
	Purpose of Disbursement R1C VCAP INV#3403 POSTERS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) AL SERRA AUTO PLAZA	Transaction ID: SB21B.118327 Date of Disbursement 09 / 23 / 2010
	Mailing Address G-6201 SOUTH SAGINAW STREET	Amount of Each Disbursement this Period 39320.23
	City GRAND BLANC State MI Zip Code 48439	
	Purpose of Disbursement R1C INV/DEAL135925-2010 CAMARO	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.	Transaction ID: SB21B.117107 Date of Disbursement 07 / 28 / 2010
	Mailing Address 1600 NORTH CLINTON AVE.	Amount of Each Disbursement this Period 782.55
	City ROCHESTER State NY Zip Code 14621	
	Purpose of Disbursement VCAP PLATINUM CLUB WATCHES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

40240.72

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.</p> <p>Mailing Address 1600 NORTH CLINTON AVE.</p> <p>City ROCHESTER State NY Zip Code 14621</p> <p>Purpose of Disbursement R5 DIRECTOR'S CLUB WATCHES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.117114</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 908.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.</p> <p>Mailing Address 1600 NORTH CLINTON AVE.</p> <p>City ROCHESTER State NY Zip Code 14621</p> <p>Purpose of Disbursement R5 WATCHES-REPAIR/CLEAN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.117115</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 43.95</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.</p> <p>Mailing Address 1600 NORTH CLINTON AVE.</p> <p>City ROCHESTER State NY Zip Code 14621</p> <p>Purpose of Disbursement R5 WATCHES-REPAIR/CLEAN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.117122</p> <p>Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 18.00</p>

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

970.90

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.	Transaction ID: SB21B.118326 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1600 NORTH CLINTON AVE. City ROCHESTER State NY Zip Code 14621 Purpose of Disbursement R5 DIRECTOR'S CLUB WATCHES 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) ▼	Amount of Each Disbursement this Period 3505.02 Category/Type
B.	Full Name (Last, First, Middle Initial) AMIE PARRY	Transaction ID: SB21B.118076 Date of Disbursement 07 / 31 / 2010
	Mailing Address 3302 RODS DRIVE City SANDUSKY State OH Zip Code 44870 Purpose of Disbursement UNCASHED VCAP PRIZE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period -100.00 Category/Type
C.	Full Name (Last, First, Middle Initial) BILL BAIRE	Transaction ID: SB21B.118165 Date of Disbursement 09 / 10 / 2010
	Mailing Address 7432 HIDDEN GLEN DRIVE City AMHERST State OH Zip Code 44011 Purpose of Disbursement VCAP WINNERS 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) ▼	Amount of Each Disbursement this Period 500.00 Category/Type

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

3905.02

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





# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COUNTRY PRINTING</b></p> <p>Mailing Address 14850 TELEGRAPH ROAD</p> <p>City FLAT ROCK State MI Zip Code 48134</p> <p>Purpose of Disbursement BILLING:POSTCARD-MEET THE CAND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118120 <b>Date of Disbursement</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4341.76</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>TRACI CURTIS</b></p> <p>Mailing Address 661 CLIFFSIDE DRIVE</p> <p>City LEXINGTON State OH Zip Code 44904</p> <p>Purpose of Disbursement VCAP WINNERS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118170 <b>Date of Disbursement</b> 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CUSTOM PROMOTIONS, INC.</b></p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1A INV#1347-B VCAP JERSEYS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.117112 <b>Date of Disbursement</b> 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2429.20</p>

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

7270.96

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1A INV#1348-B-RO BACKPK/CLR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.117113</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 14048.38</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1A INV# 1237-VCAP SHIRTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.117116</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 63025.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.</p> <p>Mailing Address 17520 W. TWELVE MILE RD. #210</p> <p>City SOUTHFIELD State MI Zip Code 48076</p> <p>Purpose of Disbursement R1C VCAP INV#1556-2 JEAN JKTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.117117</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 101.11</p>

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

77174.49

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.	Transaction ID: SB21B.118111 Date of Disbursement
	Mailing Address 17520 W. TWELVE MILE RD. #210	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SOUTHFIELD State MI Zip Code 48076	Amount of Each Disbursement this Period
	Purpose of Disbursement R1A INV#1348BRO/BCKPACK COOLER	<input type="text" value="9500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.	Transaction ID: SB21B.118112 Date of Disbursement
	Mailing Address 17520 W. TWELVE MILE RD. #210	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SOUTHFIELD State MI Zip Code 48076	Amount of Each Disbursement this Period
	Purpose of Disbursement R1A INV#1348-BRO/BCKPCK COOLER	<input type="text" value="9500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.	Transaction ID: SB21B.118113 Date of Disbursement
	Mailing Address 17520 W. TWELVE MILE RD. #210	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SOUTHFIELD State MI Zip Code 48076	Amount of Each Disbursement this Period
	Purpose of Disbursement R1A INV#1621/LBR WALK T-SHIRTS	<input type="text" value="11978.05"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="30978.05"/>
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.	Transaction ID: SB21B.118114 Date of Disbursement 09 / 01 / 2010	
	Mailing Address 17520 W. TWELVE MILE RD. #210		Amount of Each Disbursement this Period 3754.84
	City SOUTHFIELD State MI Zip Code 48076		
	Purpose of Disbursement R1A INV#1414-WATCHES Candidate Name		Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.	Transaction ID: SB21B.118115 Date of Disbursement 09 / 01 / 2010	
	Mailing Address 17520 W. TWELVE MILE RD. #210		Amount of Each Disbursement this Period 4523.68
	City SOUTHFIELD State MI Zip Code 48076		
	Purpose of Disbursement R1C INV#1600/V-CAP T-SHIRTS Candidate Name		Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) CUSTOM PROMOTIONS, INC.	Transaction ID: SB21B.118116 Date of Disbursement 09 / 01 / 2010	
	Mailing Address 17520 W. TWELVE MILE RD. #210		Amount of Each Disbursement this Period 139.23
	City SOUTHFIELD State MI Zip Code 48076		
	Purpose of Disbursement R1C INV#1605/ART V-CAP FLYER Candidate Name		Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8417.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CUSTOM PROMOTIONS, INC.</b>	<b>Transaction ID:</b> SB21B.118130 Date of Disbursement 09 / 01 / 2010	
	Mailing Address 17520 W. TWELVE MILE RD. #210		
	City SOUTHFIELD State MI Zip Code 48076	Amount of Each Disbursement this Period 3616.68	
	Purpose of Disbursement R1A INV#1180-1483/BASEBALL CPS		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ENTERPRISE BANK</b>	<b>Transaction ID:</b> SB21B.118336 Date of Disbursement 09 / 30 / 2010	
	Mailing Address 1281 N. WARSON ROAD		
	City ST. LOUIS State MO Zip Code 63132	Amount of Each Disbursement this Period 275.00	
	Purpose of Disbursement R5 BONDS V-CAP RETIREE DRIVE		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>EVENTS 2000</b>	<b>Transaction ID:</b> SB21B.117104 Date of Disbursement 07 / 12 / 2010	
	Mailing Address 38650 MICHIGAN AVE		
	City WAYNE State MI Zip Code 48184	Amount of Each Disbursement this Period 552.00	
	Purpose of Disbursement R1A INV#QA-11023/VCAP COINS		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**4443.68**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GERALD HAGEMEISTER	Transaction ID: SB21B.118142 Date of Disbursement 09 / 01 / 2010
	Mailing Address 3875 PLEASANT STREET	Amount of Each Disbursement this Period 1500.00
	City DRYDEN State MI Zip Code 48428	
	Purpose of Disbursement 2010 DOLLAR DRIVE WINNER	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DAVE HARVILLE	Transaction ID: SB21B.118163 Date of Disbursement 09 / 10 / 2010
	Mailing Address 3414 MILLVILLE-OXFORD RD.	Amount of Each Disbursement this Period 1000.00
	City OXFORD State OH Zip Code 45056	
	Purpose of Disbursement VCAP WINNERS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FRANK HIBBERT	Transaction ID: SB21B.118154 Date of Disbursement 09 / 01 / 2010
	Mailing Address 5139 WELCH ROAD	Amount of Each Disbursement this Period 1000.00
	City EMMETT State MI Zip Code 48022	
	Purpose of Disbursement 2010 DOLLAR DRIVE WINNER	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ARTHUR HIGGINS	Transaction ID: SB21B.118333 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO BOX 2988	
	City GRAPEVINE State TX Zip Code 76099-2988	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement R5 V-CAP AWARDS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH	Transaction ID: SB21B.117108 Date of Disbursement 07 / 28 / 2010
	Mailing Address 22150 STRATFORD	
	City OAK PARK State MI Zip Code 48237	Amount of Each Disbursement this Period 60.00
	Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH	Transaction ID: SB21B.117109 Date of Disbursement 07 / 28 / 2010
	Mailing Address 22150 STRATFORD	
	City OAK PARK State MI Zip Code 48237	Amount of Each Disbursement this Period 195.67
	Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>755.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**B.** Form/Schedule : **SB21B**  
Transaction ID : **SB21B.117108**

V-CAP leases employees for membership communication and related activities from the Local Unions. These descriptions reflect payment from V-CAP to the leased employees directly for reimbursement for out of pocket costs.

**C.** Form/Schedule : **SB21B**  
Transaction ID : **SB21B.117109**

V-CAP leases employees for membership communication and related activities from the Local Unions. These descriptions reflect payment from V-CAP to the leased employees directly for reimbursement for out of pocket costs.



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH	Transaction ID: SB21B.118121
	Mailing Address 22150 STRATFORD	Date of Disbursement 09 / 01 / 2010
	City OAK PARK State MI Zip Code 48237	Amount of Each Disbursement this Period 158.49
	Purpose of Disbursement LEASED EMPLOYEE COSTS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH	Transaction ID: SB21B.118122
	Mailing Address 22150 STRATFORD	Date of Disbursement 09 / 01 / 2010
	City OAK PARK State MI Zip Code 48237	Amount of Each Disbursement this Period 124.75
	Purpose of Disbursement LEASED EMPLOYEE COSTS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH	Transaction ID: SB21B.118160
	Mailing Address 22150 STRATFORD	Date of Disbursement 09 / 10 / 2010
	City OAK PARK State MI Zip Code 48237	Amount of Each Disbursement this Period 60.00
	Purpose of Disbursement LEASED EMPLOYEE COSTS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>343.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.118121**

V-CAP leases employees for membership communication and related activities from the Local Unions. These descriptions reflect payment from V-CAP to the leased employees directly for reimbursement for out of pocket expenses.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.118122**

V-CAP leases employees for membership communication and related activities from the Local Unions. These descriptions reflect payment from V-CAP to the leased employees directly for reimbursement for out of pocket expenses.

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.118160**

V-CAP leases employees for membership communication and related activities from the Local Unions. These descriptions reflect payment from V-CAP to the leased employees directly for reimbursement for out of pocket expenses.

**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 60 / 135

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TAX WD/ L. TRASKE/945 3RD QTR Candidate Name <span style="float: right;">Category/ Type</span>  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:	Transaction ID: SB21B.118126 Date of Disbursement 09 / 01 / 2010  Amount of Each Disbursement this Period 700.00
<b>B.</b>	Full Name (Last, First, Middle Initial) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TAX WD/P. SICHKO/945 3RD QTR Candidate Name <span style="float: right;">Category/ Type</span>  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:	Transaction ID: SB21B.118127 Date of Disbursement 09 / 01 / 2010  Amount of Each Disbursement this Period 700.00
<b>C.</b>	Full Name (Last, First, Middle Initial) JPMORGAN CHASE  Mailing Address 611 WOODWARD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement FED TX WD/G. HAGEMEISTER/945 3RD QTR Candidate Name <span style="float: right;">Category/ Type</span>  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:	Transaction ID: SB21B.118128 Date of Disbursement 09 / 01 / 2010  Amount of Each Disbursement this Period 420.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1820.00</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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <p>City DETROIT State MI Zip Code 48226</p> <p>Purpose of Disbursement FED TX WD/R. BUCHANON/945 3RD QTR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118129</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <p>City DETROIT State MI Zip Code 48226</p> <p>Purpose of Disbursement FED TX WD/S. CONNOLLY/945 3RD QTR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118131</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <p>City DETROIT State MI Zip Code 48226</p> <p>Purpose of Disbursement FED TX WD/V. PERRY/945 3RD QTR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118134</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>

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

**840.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <p>City DETROIT State MI Zip Code 48226</p> <p>Purpose of Disbursement FED TX WD/F. HIBBERT/945 3RD QTR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118135</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <p>City DETROIT State MI Zip Code 48226</p> <p>Purpose of Disbursement FED TX WD/M. MASON/945 3RD QTR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118136</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JPMORGAN CHASE</p> <p>Mailing Address 611 WOODWARD</p> <p>City DETROIT State MI Zip Code 48226</p> <p>Purpose of Disbursement FED TX WD/D. HARVILLE/945 3RD QTR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118218</p> <p>Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>840.00</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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) KASI LEHMAN	Transaction ID: SB21B.118075 Date of Disbursement 07 / 31 / 2010
	Mailing Address 4343 RIVERSIDE DR.	Amount of Each Disbursement this Period -100.00
	City DAYTON State OH Zip Code 45405	
	Purpose of Disbursement UNCASHED VCAP PRIZE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEIGH KEGERREIS	Transaction ID: SB21B.117106 Date of Disbursement 07 / 28 / 2010
	Mailing Address 13704 LAPLAISANCE RD.	Amount of Each Disbursement this Period 60.00
	City MONROE State MI Zip Code 48161	
	Purpose of Disbursement LEASED EMPLOYEE COST	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL MASON	Transaction ID: SB21B.118133 Date of Disbursement 09 / 01 / 2010
	Mailing Address 4060 HOSNER ROAD	Amount of Each Disbursement this Period 1000.00
	City METAMORA State MI Zip Code 48455	
	Purpose of Disbursement 2010 DOLLAR DRIVE WINNER	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	960.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.117106**

V-CAP leases employees for membership communication and related activities from the Local Unions. These descriptions reflect payment from V-CAP to the leased employees directly for reimbursement for out of pocket costs.



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) STEVEN NICKELL	Transaction ID: SB21B.118168 Date of Disbursement 09 / 10 / 2010
	Mailing Address 59 CHILTON AVE	Amount of Each Disbursement this Period 500.00
	City MANSFIELD State OH Zip Code 44907-1307	
	Purpose of Disbursement VCAP WINNERS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VIRGINIA PERRY	Transaction ID: SB21B.118151 Date of Disbursement 09 / 01 / 2010
	Mailing Address 17600 ROSELAWN	Amount of Each Disbursement this Period 1000.00
	City DETROIT State MI Zip Code 48221	
	Purpose of Disbursement 2010 DOLLAR DRIVE WINNER	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) R.A. DINKEL & ASSOCIATES, INC.	Transaction ID: SB21B.118156 Date of Disbursement 09 / 10 / 2010
	Mailing Address PO BOX 700	Amount of Each Disbursement this Period 1026.49
	City HOLT State MI Zip Code 48842	
	Purpose of Disbursement V-CAP PINS AND UAW CLOCK	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2526.49
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) R.A. DINKEL & ASSOCIATES, INC. <hr/> Mailing Address PO BOX 700 <hr/> City HOLT State MI Zip Code 48842 <hr/> Purpose of Disbursement V-CAP PINS AND UAW CLOCK Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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>Transaction ID:</b> SB21B.118157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">919.66</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) R.A. DINKEL & ASSOCIATES, INC. <hr/> Mailing Address PO BOX 700 <hr/> City HOLT State MI Zip Code 48842 <hr/> Purpose of Disbursement V-CAP PINS AND UAW CLOCK Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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>Transaction ID:</b> SB21B.118158 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">423.72</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) R.A. DINKEL & ASSOCIATES, INC. <hr/> Mailing Address PO BOX 700 <hr/> City HOLT State MI Zip Code 48842 <hr/> Purpose of Disbursement V-CAP PINS AND UAW CLOCK Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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>Transaction ID:</b> SB21B.118159 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">35.55</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">1378.93</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAT SICHKO	Transaction ID: SB21B.118139 Date of Disbursement 09 / 01 / 2010
	Mailing Address 39868 EDMONT DRIVE	Amount of Each Disbursement this Period 2500.00
	City STERLING HGTS. State MI Zip Code 48310	
	Purpose of Disbursement 2010 DOLLAR DRIVE WINNER	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) WALTER SOKIRA	Transaction ID: SB21B.118167 Date of Disbursement 09 / 10 / 2010
	Mailing Address 326 OAKGROVE LANE	Amount of Each Disbursement this Period 500.00
	City TALLMADGE State OH Zip Code 44278	
	Purpose of Disbursement VCAP WINNERS	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) THE JOB SHOP INK, INC.	Transaction ID: SB21B.118118 Date of Disbursement 09 / 01 / 2010
	Mailing Address 2321 W. MAIN STREET	Amount of Each Disbursement this Period 1276.24
	City LANSING State MI Zip Code 48917	
	Purpose of Disbursement R1C INV#8074/ELECT SLATE CARDS	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4276.24

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>TRADE UNION LEADERSHIP COUNCIL</b>	<b>Transaction ID:</b> SB21B.117119 Date of Disbursement
	Mailing Address 8670 GRAND RIVER AVENUE	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City State Zip Code DETROIT MI 48204	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYMENT BLDG RENTAL	<input type="text" value="5250.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>LEON TRASKIE</b>	<b>Transaction ID:</b> SB21B.118125 Date of Disbursement
	Mailing Address 44581 BAYVIEW, APARTMENT 7108	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code CLINTON TWP. MI 48038	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 DOLLAR DRIVE WINNER	<input type="text" value="2500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>U.S. POSTMASTER</b>	<b>Transaction ID:</b> SB21B.117105 Date of Disbursement
	Mailing Address 1725 E. 14 MILE SUITE 120	<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City State Zip Code TROY MI 48083-4600	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE-MEET CANDIDATE MAILING	<input type="text" value="9688.23"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 600 <hr/> Mailing Address 10550 DIX <hr/> City DEARBORN State MI Zip Code 48120 <hr/> Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.117110 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 16994.06
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 892 <hr/> Mailing Address 601 WOODLAND DR. <hr/> City SALINE State MI Zip Code 48176-1297 <hr/> Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.117098 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1873.66
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 892 <hr/> Mailing Address 601 WOODLAND DR. <hr/> City SALINE State MI Zip Code 48176-1297 <hr/> Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.117102 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1146.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

20014.64

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

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.117110**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.117098**

V-CAP leases employees for membership communication and related activities form the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.117102**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

**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 72 / 135

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) UAW LOCAL 892  Mailing Address 601 WOODLAND DR.  City SALINE State MI Zip Code 48176-1297  Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.117111 Date of Disbursement 07 / 28 / 2010  Amount of Each Disbursement this Period 1666.92
<b>B.</b>	Full Name (Last, First, Middle Initial) UAW LOCAL 892  Mailing Address 601 WOODLAND DR.  City SALINE State MI Zip Code 48176-1297  Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.118217 Date of Disbursement 09 / 10 / 2010  Amount of Each Disbursement this Period 1376.91
<b>C.</b>	Full Name (Last, First, Middle Initial) UAW LOCAL 892  Mailing Address 601 WOODLAND DR.  City SALINE State MI Zip Code 48176-1297  Purpose of Disbursement LEASED EMPLOYEE COSTS Candidate Name <span style="float: right;">Category/ Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.118322 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 228.12

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3271.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.117111**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.118217**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.118322**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) UAW LOCAL 892  Mailing Address 601 WOODLAND DR.  City SALINE State MI Zip Code 48176-1297  Purpose of Disbursement LEASED EMPLOYEE COSTS  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) ▼	Transaction ID: SB21B.118325 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 228.12
B.	Full Name (Last, First, Middle Initial) VIZUAL EXPRESS  Mailing Address 440 E. CENTER STREET  City MARION State OH Zip Code 43302  Purpose of Disbursement R2B INV#13563 (100 CLUB RINGS)  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) ▼	Transaction ID: SB21B.117099 Date of Disbursement 07 / 12 / 2010  Amount of Each Disbursement this Period 6485.81
C.	Full Name (Last, First, Middle Initial) VIZUAL EXPRESS  Mailing Address 440 E. CENTER STREET  City MARION State OH Zip Code 43302  Purpose of Disbursement R2B INV#13846-85 WINDSHIRTS  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) ▼	Transaction ID: SB21B.117121 Date of Disbursement 08 / 06 / 2010  Amount of Each Disbursement this Period 4190.64

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

10904.57

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

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.118325**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

RICHARD ZUCHEGNA

Transaction ID: SB21B.118335

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Mailing Address 183 N. PROSPECT ST.

City PORTERVILLE State CA Zip Code 93257-3008

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
R5 V-CAP AWARD

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

250.00

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

244621.53

**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 78 / 135

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

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

A.

Full Name (Last, First, Middle Initial)  
OHIO STATE UAW PAC COUNCIL

Mailing Address 133 E. LIVINGSTON ROAD

City State Zip Code  
COLUMBUS OH 43215

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.118341

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2010

Amount of Each Disbursement this Period

150000.00

B.

Full Name (Last, First, Middle Initial)  
UAW MICHIGAN V-PAC

Mailing Address 8000 E. JEFFERSON

City State Zip Code  
DETROIT MI 48214

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.117128

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2010

Amount of Each Disbursement this Period

300000.00

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

450000.00

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

450000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) ALAN GRAYSON FOR U.S. CONGRESS <hr/> Mailing Address 2206 E. COLONIAL DRIVE <hr/> City ORLANDO State FL Zip Code 32803 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name ALAN MARK GRAYSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117152 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ALAN GRAYSON FOR U.S. CONGRESS <hr/> Mailing Address 2206 E. COLONIAL DRIVE <hr/> City ORLANDO State FL Zip Code 32803 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name ALAN MARK GRAYSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118362 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ALASKANS FOR BEGICH <hr/> Mailing Address PO BOX 240287 <hr/> City ANCHORAGE State AK Zip Code 99524 <hr/> Purpose of Disbursement UNCASHED CONTRIBUTION CHECK <hr/> Candidate Name MARK BEGICH <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118079 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALEXI FOR ILLINOIS	Transaction ID: SB23.118649 Date of Disbursement
	Mailing Address PO BOX 494	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CHICAGO State IL Zip Code 60690	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name ALEXANDER GIANNOULIAS	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General

B.	Full Name (Last, First, Middle Initial) AMERICA FORWARD PAC	Transaction ID: SB23.118357 Date of Disbursement
	Mailing Address 301 4TH STREET NE	<input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS	Transaction ID: SB23.118347 Date of Disbursement
	Mailing Address 1127 11TH STREET, 225	<input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="3000.00"/>
	Candidate Name BARBARA LEE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<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)

A.	Full Name (Last, First, Middle Initial) BART'S BRIDGE PAC	Transaction ID: SB23.117176
	Mailing Address PO BOX 1021	Date of Disbursement 08 / 11 / 2010
	City MENOMINEE State MI Zip Code 49858	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.117136
	Mailing Address PO BOX 261060	Date of Disbursement 07 / 12 / 2010
	City LOS ANGELES State CA Zip Code 90026	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name XAVIER BECERRA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 31	

C.	Full Name (Last, First, Middle Initial) BETTY PAC	Transaction ID: SB23.117177
	Mailing Address PO BOX 14141	Date of Disbursement 07 / 12 / 2010
	City ST. PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BISHOP FOR CONGRESS	Transaction ID: SB23.117185 Date of Disbursement
	Mailing Address 6 E STREET S.E.	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City WAHSINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTIOB	<input type="text" value="1000.00"/>
	Candidate Name TIMOTHY BISHOP	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE	Transaction ID: SB23.117140 Date of Disbursement
	Mailing Address 777 SUMMER STREET, SUITE 103	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City STAMFORD State CT Zip Code 06901	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name RICHARD BLUMENTHAL	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOBBY SCOTT FOR CONGRESS	Transaction ID: SB23.117193 Date of Disbursement
	Mailing Address PO BOX 251	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City NEWPORT NEWS State VA Zip Code 23607	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name ROBERT C 'BOBBY' SCOTT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8000.00"/>
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BOB ETHERIDGE FOR CONGRESS</b>  Mailing Address <b>PO BOX 28001</b>  City <b>RALEIGH</b> State <b>NC</b> Zip Code <b>27611</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name <b>BOB ETHERIDGE</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>02</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.118399</b> Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BOUCHER FOR CONGRESS</b>  Mailing Address <b>PO BOX 2000</b>  City <b>ABINGDON</b> State <b>VA</b> Zip Code <b>24212</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name <b>FREDERICK C BOUCHER</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>09</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.117192</b> Date of Disbursement 07 / 28 / 2010  Amount of Each Disbursement this Period 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BOUCHER FOR CONGRESS</b>  Mailing Address <b>PO BOX 2000</b>  City <b>ABINGDON</b> State <b>VA</b> Zip Code <b>24212</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name <b>FREDERICK C BOUCHER</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>09</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.118420</b> Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 3000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>BRAD MILLER FOR CONGRESS CAMPAIGN</b>	<b>Transaction ID:</b> SB23.117179
	Mailing Address 3803 B COMPUTER DRIVE SUITE 110	Date of Disbursement MM / DD / YYYY 08 / 06 / 2010
	City RALEIGH	State NC
	Zip Code 27609	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name RALPH BRADLEY MILLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 13	

B.	Full Name (Last, First, Middle Initial) <b>BRIDGE PAC</b>	<b>Transaction ID:</b> SB23.117146
	Mailing Address PO BOX 1021	Date of Disbursement MM / DD / YYYY 08 / 06 / 2010
	City MENOMINEE	State MI
	Zip Code 49858	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>BRUCE BRALEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.117158
	Mailing Address 3151 BROCKWAY RD.	Date of Disbursement MM / DD / YYYY 08 / 25 / 2010
	City WATERLOO	State IA
	Zip Code 50701	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name BRUCE L BRALEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9000.00</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)

<b>A.</b> Full Name (Last, First, Middle Initial) BRUCE BRALEY FOR CONGRESS Mailing Address 3151 BROCKWAY RD. City WATERLOO State IA Zip Code 50701 Purpose of Disbursement CONTRIBUTION Candidate Name BRUCE L BRALEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117159 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS COMMITTEE Mailing Address 800 W. HINES STREET City WILSON State NC Zip Code 27893 Purpose of Disbursement CONTRIBUTION Candidate Name G K BUTTERFIELD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2000.00	
Category/ Type	
Full Name (Last, First, Middle Initial) CAMPBELL FOR CONGRESS Mailing Address PO BOX 597 City SIOUX CITY State IA Zip Code 51101 Purpose of Disbursement CONTRIBUTION Candidate Name JERRY MELVIN CAMPBELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117174 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	
Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER FOR CONGRESS</p> <p>Mailing Address PO BOX 453</p> <p>City ROCHESTER State NH Zip Code 03866</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CAROL SHEA-PORTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118401</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS</p> <p>Mailing Address PO BOX 5419</p> <p>City TAMPA State FL Zip Code 33675</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name KATHY CASTOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118368</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHARLIE MELANCON FOR SENATE</p> <p>Mailing Address PO BOX 4147</p> <p>City BATON ROUGE State LA Zip Code 70821</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHARLES MELANCON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117163</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 4000.00</p>

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHRIS COONS FOR DELAWARE	Transaction ID: SB23.117150 Date of Disbursement 08 / 06 / 2010
	Mailing Address PO BOX 9900	Amount of Each Disbursement this Period 5000.00
	City NEWARK State DE Zip Code 19714	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name CHRISTOPHER A COONS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CHRIS COONS FOR DELAWARE	Transaction ID: SB23.118359 Date of Disbursement 09 / 15 / 2010
	Mailing Address PO BOX 9900	Amount of Each Disbursement this Period 5000.00
	City NEWARK State DE Zip Code 19714	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name CHRISTOPHER A COONS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ELEANOR HOLMES NORTON	Transaction ID: SB23.118356 Date of Disbursement 09 / 23 / 2010
	Mailing Address 1730 RHODE ISLAND AVE, NW SUITE 712	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ELEANOR HOLMES NORTON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR JOHN OLVER</p> <p>Mailing Address 38 IVY STREET SE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOHN WALTER OLVER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118378</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) COHEN FOR CONGRESS</p> <p>Mailing Address 349 KENILWORTH</p> <p>City MEMPHIS State TN Zip Code 38112</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEVE I MR. COHEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118417</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HANK JOHNSON</p> <p>Mailing Address 5240 SNAPFINGER PARK DR. SUITE 140</p> <p>City DECATUR State GA Zip Code 30035</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name HENRY C 'HANK' JR JOHNSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118371</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

11000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT LINDA SANCHEZ</b>	<b>Transaction ID:</b> SB23.118350 Date of Disbursement 09 / 23 / 2010	
	Mailing Address P.O. BOX 1865		
	City HAWAIIAN GARDENS State CA Zip Code 90716	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name LINDA SANCHEZ	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: CA District: 39	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT LORETTA SANCHEZ</b>	<b>Transaction ID:</b> SB23.118343 Date of Disbursement 09 / 23 / 2010	
	Mailing Address 1212 S. Victory Blvd. Suite 211		
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name LORETTA SANCHEZ	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: CA District: 47	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>COMMONSENSE TEN</b>	<b>Transaction ID:</b> SB23.118647 Date of Disbursement 09 / 08 / 2010	
	Mailing Address 607 14TH STREET NW SUITE 800		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period	50000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>54000.00</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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CONNOLLY FOR CONGRESS</b>  Mailing Address <b>PO BOX 12565</b>  City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15241</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>DANIEL C CONNOLLY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>18</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.118409 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>09 / 01 / 2010</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CONSUMER FEDERATION OF AMERICA</b>  Mailing Address <b>1424 16TH STREET, NW SUITE 604</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20036</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.117143 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>07 / 01 / 2010</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CONWAY FOR SENATE</b>  Mailing Address <b>PO BOX 6168</b>  City <b>LOUISVILLE</b> State <b>KY</b> Zip Code <b>40206</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>JOHN WILLIAM (JACK) CONWAY</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>KY</b> District: <b>00</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.117161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>08 / 06 / 2010</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>

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

**11000.00**

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

.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>COONEY FOR CONGRESS COMMITTEE</b>  Mailing Address <b>PO BOX 355</b>  City <b>LAWTON</b> State <b>MI</b> Zip Code <b>49065</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>DON COONEY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>MI</b> District: <b>06</b>	<b>Transaction ID:</b> SB23.118391 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>09 / 23 / 2010</b>	Amount of Each Disbursement this Period <b>2500.00</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>COOPER FOR CONGRESS COMMITTEE</b>  Mailing Address <b>503 CAPITOL COURT N.E. SUITE 100</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>JAMES H. S. COOPER</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>TN</b> District: <b>05</b>	<b>Transaction ID:</b> SB23.118415 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>09 / 23 / 2010</b>	Amount of Each Disbursement this Period <b>5000.00</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>COURTNEY FOR CONGRESS</b>  Mailing Address <b>PO BOX 1372</b>  City <b>VERNON</b> State <b>CT</b> Zip Code <b>06066</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>JOSEPH D COURTNEY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>CT</b> District: <b>02</b>	<b>Transaction ID:</b> SB23.118354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>09 / 23 / 2010</b>	Amount of Each Disbursement this Period <b>4000.00</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11500.00</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)

A.	Full Name (Last, First, Middle Initial) <b>DEBBIE WASSERMAN SCHULTZ FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.118365
	Mailing Address 1725 MAIN STREET SUITE 215	Date of Disbursement MM / DD / YYYY 09 / 23 / 2010
	City WESTON	State FL
	Zip Code 33326	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name DEBBIE WASSERMAN SCHULTZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 20	

B.	Full Name (Last, First, Middle Initial) <b>DEMOCRATS WIN SEATS PAC</b>	<b>Transaction ID:</b> SB23.117155
	Mailing Address 1071 TWIN BRANCH LANE	Date of Disbursement MM / DD / YYYY 08 / 06 / 2010
	City WESTON	State FL
	Zip Code 33326	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>DONNA EDWARDS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.117165
	Mailing Address P.O. Box 441153	Date of Disbursement MM / DD / YYYY 08 / 06 / 2010
	City FORT WASHINGTON	State MD
	Zip Code 20749	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name DONNA EDWARDS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MD District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DONNA EDWARDS FOR CONGRESS	Transaction ID: SB23.118379
	Mailing Address P.O. Box 441153	Date of Disbursement 09 / 15 / 2010
	City FORT WASHINGTON State MD Zip Code 20749	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name DONNA EDWARDS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS	Transaction ID: SB23.117167
	Mailing Address P.O. BOX 5675	Date of Disbursement 08 / 25 / 2010
	City TIMONIUM State MD Zip Code 21094	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name DUTCH RUPPERSBERGER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS	Transaction ID: SB23.118382
	Mailing Address P.O. BOX 5675	Date of Disbursement 09 / 15 / 2010
	City TIMONIUM State MD Zip Code 21094	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name DUTCH RUPPERSBERGER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<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)

A.	Full Name (Last, First, Middle Initial) ELAINE MARSHALL COMMITTEE	Transaction ID: SB23.118398 Date of Disbursement 09 / 15 / 2010
	Mailing Address 324 S. WILMINGTON STREET SUITE 420	Amount of Each Disbursement this Period 5000.00
	City RALEIGH State NC Zip Code 27601	
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name ELAINE FOLK MARSHALL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRED JOHNSON FOR CONGRESS	Transaction ID: SB23.117169 Date of Disbursement 07 / 28 / 2010
	Mailing Address PO BOX 2474	Amount of Each Disbursement this Period 3000.00
	City HOLLAND State MI Zip Code 49422	
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name FRED L III PHD JOHNSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRED JOHNSON FOR CONGRESS	Transaction ID: SB23.118390 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO BOX 2474	Amount of Each Disbursement this Period 5000.00
	City HOLLAND State MI Zip Code 49422	
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name FRED L III PHD JOHNSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13000.00
<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 96 / 135

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER	Transaction ID: SB23.118349 Date of Disbursement
	Mailing Address PO BOX 641751	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City LOS ANGELES State CA Zip Code 90064	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name BARBARA BOXER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF CORRINE BROWN	Transaction ID: SB23.118367 Date of Disbursement
	Mailing Address 421 NEW JERSEY AVENUE SE	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name CORRINE BROWN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: SB23.117187 Date of Disbursement
	Mailing Address 501 CAPITOL COURT NE SUITE 100	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name JAMES E CLYBURN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12500.00"/>
<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)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: SB23.118412 Date of Disbursement
	Mailing Address 501 CAPITOL COURT NE SUITE 100	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name JAMES E CLYBURN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA	Transaction ID: SB23.118353 Date of Disbursement
	Mailing Address PO BOX 362	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City SAN BERNARDINO State CA Zip Code 92402-0362	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name JOE BACA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.117138 Date of Disbursement
	Mailing Address 729 15TH STREET, NW - 3RD FLR	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name ROSA DELAURO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF STEVE RABY	Transaction ID: SB23.117129
	Mailing Address PO BOX 210	Date of Disbursement 08 / 06 / 2010
	City HARVEST State AL Zip Code 36749	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name STEPHEN WALKER RABY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY DEBT

B.	Full Name (Last, First, Middle Initial) FRIENDS OF STEVE RABY	Transaction ID: SB23.117130
	Mailing Address PO BOX 210	Date of Disbursement 08 / 06 / 2010
	City HARVEST State AL Zip Code 36749	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name STEPHEN WALKER RABY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF TARRYL CLARK	Transaction ID: SB23.118393
	Mailing Address PO BOX 489	Date of Disbursement 09 / 15 / 2010
	City ST. CLOUD State MN Zip Code 56302	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name TARRYL LYNN CLARK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS	Transaction ID: SB23.118352 Date of Disbursement 09 / 23 / 2010
	Mailing Address c/o California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426	Amount of Each Disbursement this Period 3000.00
	City Long Beach State CA Zip Code 90807	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN GARAMENDI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN	Transaction ID: SB23.118419 Date of Disbursement 09 / 01 / 2010
	Mailing Address PO BOX 16128	Amount of Each Disbursement this Period 2500.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name RAYMOND E. 'GENE' GREEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS	Transaction ID: SB23.118421 Date of Disbursement 09 / 15 / 2010
	Mailing Address PO BOX 563	Amount of Each Disbursement this Period 3000.00
	City MERRIFIELD State VA Zip Code 22116	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name GERRY CONNOLLY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<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)

A.

Full Name (Last, First, Middle Initial)  
HANABUSA 2010

Transaction ID: SB23.118373  
Date of Disbursement

Mailing Address PO BOX 1416

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

City HONOLULU State HI Zip Code 96806

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

--

2000.00
---------

Candidate Name  
COLLEEN WAKAKO HANABUSA

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

B.

Full Name (Last, First, Middle Initial)  
HASTINGS FOR CONGRESS

Transaction ID: SB23.117151  
Date of Disbursement

Mailing Address PO BOX 2884

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

City WASHINGTON State DC Zip Code 20013

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

--

3000.00
---------

Candidate Name  
ALCEE L HASTINGS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

C.

Full Name (Last, First, Middle Initial)  
HASTINGS FOR CONGRESS

Transaction ID: SB23.118369  
Date of Disbursement

Mailing Address PO BOX 2884

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City WASHINGTON State DC Zip Code 20013

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

--

5000.00
---------

Candidate Name  
ALCEE L HASTINGS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)

A.	Full Name (Last, First, Middle Initial) HERRON FOR CONGRESS	Transaction ID: SB23.117190 Date of Disbursement
	Mailing Address PO BOX 5	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="28"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City DRESDEN State TN Zip Code 38225	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name ROY BRASFIELD HERRON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HERRON FOR CONGRESS	Transaction ID: SB23.117191 Date of Disbursement
	Mailing Address PO BOX 5	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="30"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City DRESDEN State TN Zip Code 38225	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name ROY BRASFIELD HERRON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HERRON FOR CONGRESS	Transaction ID: SB23.118416 Date of Disbursement
	Mailing Address PO BOX 5	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City DRESDEN State TN Zip Code 38225	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name ROY BRASFIELD HERRON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)

A.	Full Name (Last, First, Middle Initial) HIGGINS FOR CONGRESS	Transaction ID: SB23.117184 Date of Disbursement 07 / 12 / 2010
	Mailing Address PO BOX 28	Amount of Each Disbursement this Period 1000.00
	City BUFFALO State NY Zip Code 14220	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name BRIAN HIGGINS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS COMMITTEE	Transaction ID: SB23.118383 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO BOX 2884	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20013	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name STENY HAMILTON HOYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) HULBURD FOR CONGRESS	Transaction ID: SB23.117133 Date of Disbursement 08 / 06 / 2010
	Mailing Address 4340 E. INDIAN SCHOOL ROAD #21-467	Amount of Each Disbursement this Period 1000.00
	City PHOENIX State AZ Zip Code 85018	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JON HULBURD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>INSLEE FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 33027</b></p> <p>City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98133</b></p> <p>Purpose of Disbursement <b>CONTRIBUTION</b></p> <p>Candidate Name <b>JAY R MR. INSLEE</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>WA</b> District: <b>01</b></p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117196</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>JANE DYER FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 1000</b></p> <p>City <b>EASLEY</b> State <b>SC</b> Zip Code <b>29641</b></p> <p>Purpose of Disbursement <b>CONTRIBUTION</b></p> <p>Candidate Name <b>JANE B MRS DYER</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>SC</b> District: <b>03</b></p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118413</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>JIM HIMES FOR CONGRESS</b></p> <p>Mailing Address <b>BOX 456</b> <b>65 HIGH RIDGE ROAD</b></p> <p>City <b>STAMFORD</b> State <b>CT</b> Zip Code <b>06905</b></p> <p>Purpose of Disbursement <b>CONTRIBUTION</b></p> <p>Candidate Name <b>JIM HIMES</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>CT</b> District: <b>04</b></p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118355</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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)

A.	Full Name (Last, First, Middle Initial) JOE GARCIA FOR CONGRESS	Transaction ID: SB23.118360 Date of Disbursement 09 / 09 / 2010
	Mailing Address 12930 SW. 128TH STREET SUITE 102	Amount of Each Disbursement this Period 5000.00
	City MIAMI State FL Zip Code 33186	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOE GARCIA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR U.S. CONGRESS	Transaction ID: SB23.118404 Date of Disbursement 09 / 01 / 2010
	Mailing Address PO BOX 3016	Amount of Each Disbursement this Period 5000.00
	City ALLIANCE State OH Zip Code 44601	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN A BOCCIERI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOHN CALLAHAN FOR CONGRESS	Transaction ID: SB23.118407 Date of Disbursement 09 / 01 / 2010
	Mailing Address PO BOX 1386	Amount of Each Disbursement this Period 2000.00
	City BETHLEHEM State PA Zip Code 18016	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN BURK CALLAHAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12000.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JOHN CARNEY FOR CONGRESS</b>  Mailing Address <b>PO BOX 2162</b>  City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19899</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>JOHN CHARLES JR CARNEY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>DE</b> District: <b>01</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.117148</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 06 / 2010</b>  Amount of Each Disbursement this Period <b>5000.00</b>  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOHN CARNEY FOR CONGRESS</b>  Mailing Address <b>PO BOX 2162</b>  City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19899</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>JOHN CHARLES JR CARNEY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>DE</b> District: <b>01</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.118358</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 15 / 2010</b>  Amount of Each Disbursement this Period <b>5000.00</b>  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JOHN SARBANES FOR CONGRESS</b>  Mailing Address <b>10 G STREET, NE, SUITE 470</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>JOHN P. MR. SARBANES</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MD</b> District: <b>03</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.118385</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 16 / 2010</b>  Amount of Each Disbursement this Period <b>2000.00</b>  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>12000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS <hr/> Mailing Address P.O. BOX 2884 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOHN M JR SPRATT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117186 Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS <hr/> Mailing Address P.O. BOX 2884 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOHN M JR SPRATT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118414 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN WALTZ FOR CONGRESS <hr/> Mailing Address PO BOX 940 <hr/> City UNION State KY Zip Code 41091 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOHN WILLIAM WALTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118376 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JUDY CHU FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.118351 Date of Disbursement 09 / 23 / 2010	
	Mailing Address 1531 PURDUE AVE.		
	City LOS ANGELES State CA Zip Code 90025	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name JUDY CHU	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: CA District: 32	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JULIE LASSA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.117198 Date of Disbursement 07 / 12 / 2010	
	Mailing Address PO BOX 112		
	City STEVENS POINT State WI Zip Code 54481-0112	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name JULIE LASSA	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: WI District: 07	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KEEP NICK RAHALL IN CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.118425 Date of Disbursement 09 / 15 / 2010	
	Mailing Address 1301 DELAWARE AVENUE SW #N409		
	City WASHINGTON State DC Zip Code 20024-3913	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name NICK JOE J II RAHALL	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: WV District: 03	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9000.00</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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>KENDRICK MEEK FOR FLORIDA</b>	<b>Transaction ID:</b> SB23.118361 Date of Disbursement 09 / 23 / 2010	
	Mailing Address 111 NW 183RD STREET SUITE 325		
	City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name KENDRICK B MEEK	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: FL District: 17	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KILROY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.118405 Date of Disbursement 09 / 01 / 2010	
	Mailing Address 929 HARRISON AVE., STE. 305		
	City COLUMBUS State OH Zip Code 43235	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name MARY JO KILROY	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: OH District: 15	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KIRKPATRICK FOR ARIZONA</b>	<b>Transaction ID:</b> SB23.117134 Date of Disbursement 08 / 06 / 2010	
	Mailing Address 141 S. MC CORMICK ST. SUITE 100		
	City PRESCOTT State AZ Zip Code 86303	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name ANN KIRKPATRICK	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: AZ District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS <hr/> Mailing Address 301 YAMATO RD., SUITE 2198 <hr/> City BOCA RATON State FL Zip Code 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118363 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) KOSMAS FOR CONGRESS <hr/> Mailing Address PO BOX 1547 <hr/> City NEW SMYRNA BEACH State FL Zip Code 32170 Purpose of Disbursement CONTRIBUTION Candidate Name SUZANNE KOSMAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118366 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) KRYSTAL BALL FOR CONGRESS <hr/> Mailing Address 1703 FRANKLIN STREET <hr/> City FREDERICKSBURG State VA Zip Code 22401 Purpose of Disbursement CONTRIBUTION Candidate Name KRYSTAL MARIE BALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118424 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10000.00

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>LARRY KISSELL FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.118396 Date of Disbursement 09 / 15 / 2010	
	Mailing Address 106 EAST MAIN STREET		
	City BISCOE State NC Zip Code 27209	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name LARRY W KISSELL	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NC District: 08		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>LARSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.117137 Date of Disbursement 07 / 30 / 2010	
	Mailing Address 6282 OCCOQUAN FOREST DRIVE		
	City MANASSAS State VA Zip Code 20112	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name JOHN B LARSON	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CT District: 01		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LAURA RICHARDSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.118348 Date of Disbursement 09 / 23 / 2010	
	Mailing Address PO BOX 75214		
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name LAURA RICHARDSON	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 37		

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
LEAHY FOR U.S. SENATE

Transaction ID: SB23.117194  
Date of Disbursement

Mailing Address 10 G STREET, N.E., SUITE 470

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

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

CONTRIBUTION

Category/  
Type

Candidate Name  
PATRICK LEAHY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

B.

Full Name (Last, First, Middle Initial)  
LINCOLN DAVIS FOR CONGRESS

Transaction ID: SB23.118418  
Date of Disbursement

Mailing Address P.O. BOX 2002

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City PALL MALL State TN Zip Code 38577

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
LINCOLN EDWARD DAVIS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

C.

Full Name (Last, First, Middle Initial)  
LOEBSACK FOR CONGRESS

Transaction ID: SB23.117157  
Date of Disbursement

Mailing Address 385 EAST COLLEGE ST.

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

City IOWA CITY State IA Zip Code 52314

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
DAVID WAYNE LOEBSACK

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

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

7000.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
LOEBSACK FOR CONGRESS

Transaction ID: SB23.118374  
Date of Disbursement

Mailing Address 385 EAST COLLEGE ST.

/   /

City IOWA CITY State IA Zip Code 52314

Amount of Each Disbursement this Period

Purpose of Disbursement

CONTRIBUTION

Category/  
Type

Candidate Name  
DAVID WAYNE LOEBSACK

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

**B.**

Full Name (Last, First, Middle Initial)  
LORI EDWARDS CAMPAIGN COMMITTEE

Transaction ID: SB23.117154  
Date of Disbursement

Mailing Address PO BOX 280

/   /

City EAGLE LAKE State FL Zip Code 33839

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
LORI EDWARDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

**C.**

Full Name (Last, First, Middle Initial)  
LORI EDWARDS CAMPAIGN COMMITTEE

Transaction ID: SB23.118364  
Date of Disbursement

Mailing Address PO BOX 280

/   /

City EAGLE LAKE State FL Zip Code 33839

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
LORI EDWARDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MALONEY FOR CONGRESS</p> <p>Mailing Address 230 PARK AVE 34TH FLOOR</p> <p>City NEW YORK State NY Zip Code 10169</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CAROLYN B MALONEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117183 <b>Date of Disbursement</b> 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA</p> <p>Mailing Address 426 C STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOE, III MANCHIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary</p>	<p><b>Transaction ID:</b> SB23.118072 <b>Date of Disbursement</b> 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA</p> <p>Mailing Address 426 C STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOE, III MANCHIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary</p>	<p><b>Transaction ID:</b> SB23.118073 <b>Date of Disbursement</b> 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address 426 C STREET, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name JOE, III MANCHIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118426 Date of Disbursement 09 / 16 / 2010
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS Mailing Address 2118 CENTRAL AVE., SE #71 City ALBUQUERQUE State NM Zip Code 87106 Purpose of Disbursement CONTRIBUTION Candidate Name MARTIN HEINRICH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117182 Date of Disbursement 08 / 06 / 2010
	Amount of Each Disbursement this Period 2500.00
<b>C.</b> Full Name (Last, First, Middle Initial) MC DOWELL FOR CONGRESS Mailing Address PO BOX 913 City SAULT STE. MARIE State MI Zip Code 49783 Purpose of Disbursement CONTRIBUTION Candidate Name GARY J. MCDOWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117173 Date of Disbursement 07 / 30 / 2010
	Amount of Each Disbursement this Period 5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MC DOWELL FOR CONGRESS

Mailing Address PO BOX 913

City SAULT STE. MARIE State MI Zip Code 49783

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
GARY J. MCDOWELL

Office Sought:  House  
 Senate  
 President

State: MI District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.118386

Date of Disbursement

09 / 10 / 2010

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
MC NERNEY FOR CONGRESS

Mailing Address PO BOX 12022

City PLEASANTON State CA Zip Code 94588

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JERRY MCNERNEY

Office Sought:  House  
 Senate  
 President

State: CA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.118346

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
MEL WATT FOR CONGRESS

Mailing Address PO BOX 36831

City CHARLOTTE State NC Zip Code 28236

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MELVIN L WATT

Office Sought:  House  
 Senate  
 President

State: NC District: 12

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.117178

Date of Disbursement

07 / 12 / 2010

Amount of Each Disbursement this Period

1000.00

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

9000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
MICHAUD FOR CONGRESS

Mailing Address 213 LISBON STREET

City LEWISTON State ME Zip Code 04240

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MICHAEL H MICHAUD

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Transaction ID: SB23.117168

Date of Disbursement

/  /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
MICHIGAN 5TH DISTRICT DEMOCRATIC

Mailing Address PO BOX 581

City FLINT State MI Zip Code 48501

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.118388

Date of Disbursement

/  /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
MIKE HONDA FOR CONGRESS

Mailing Address 6132 BOLLINGER RD

City SAN JOSE State CA Zip Code 95129

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MIKE HONDA

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Transaction ID: SB23.118344

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MIKULSKI FOR US SENATE	Transaction ID: SB23.118381 Date of Disbursement 09 / 15 / 2010
	Mailing Address PO BOX 13147	Amount of Each Disbursement this Period 5000.00
	City BALTIMORE State MD Zip Code 21203	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name BARBARA MIKULSKI	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.118402 Date of Disbursement 09 / 01 / 2010
	Mailing Address P.O. BOX 3176	Amount of Each Disbursement this Period 1000.00
	City LONG BRANCH State NJ Zip Code 07740	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name FRANK JR. PALLONE	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) PASTOR FOR ARIZONA COMMITTEE	Transaction ID: SB23.117131 Date of Disbursement 08 / 06 / 2010
	Mailing Address PO BOX 6554	Amount of Each Disbursement this Period 1000.00
	City PHOENIX State AZ Zip Code 85005-6554	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name EDWARD L PASTOR	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAT MILES FOR CONGRESS	Transaction ID: SB23.117171
	Mailing Address PO BOX 2331	Date of Disbursement 07 / 28 / 2010
	City GRAND RAPIDS State MI Zip Code 49501	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name PATRICK A JR MILES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAT MILES FOR CONGRESS	Transaction ID: SB23.118389
	Mailing Address PO BOX 2331	Date of Disbursement 09 / 16 / 2010
	City GRAND RAPIDS State MI Zip Code 49501	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name PATRICK A JR MILES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS	Transaction ID: SB23.118406
	Mailing Address PO BOX 868	Date of Disbursement 09 / 01 / 2010
	City LEVITTOWN State PA Zip Code 19058-0868	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name PATRICK J MURPHY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	15000.00
<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) PAUL HODES FOR SENATE</p> <p>Mailing Address 122 C STREET NW SUITE 505</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PAUL W HODES</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117180</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAYNE FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 75214</p> <p>City WASHINGTON State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DONALD M PAYNE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118403</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PELOSI FOR CONGRESS</p> <p>Mailing Address 1 BUSH ST SUITE 250</p> <p>City SAN FRANCISCO State CA Zip Code 94104</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name NANCY PELOSI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.118345</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY</b>  Mailing Address <b>PO BOX 3662</b>  City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b>  Purpose of Disbursement <b>CONTRIBUTION</b>  Candidate Name <b>PATTY MURRAY</b>  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>00</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.117195</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 06 / 2010</b>  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PERRIELLO FOR CONGRESS</b>  Mailing Address <b>PO BOX 306</b>  City <b>IVY</b> State <b>VA</b> Zip Code <b>22945</b>  Purpose of Disbursement <b>CONTRIBUTION</b>  Candidate Name <b>THOMAS STUART PRICE PERRIELLO</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>05</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.118422</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 15 / 2010</b>  Amount of Each Disbursement this Period 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PHIL PAC</b>  Mailing Address <b>499 SOUTH CAPITOL ST. SW SUITE 412</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>  Purpose of Disbursement <b>CONTRIBUTION</b>  Candidate Name   Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: <b>SB23.117145</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 06 / 2010</b>  Amount of Each Disbursement this Period 5000.00

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

**8000.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) PROGRESSIVE MAJORITY Mailing Address 1825 K STREET NW #450 City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117142 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
	Amount of Each Disbursement this Period 25000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RAUL GRIJALVA FOR CONGRESS Mailing Address PO BOX 1242 City TUCSON State AZ Zip Code 85702-1242 Purpose of Disbursement CONTRIBUTION Candidate Name RAUL M MR. GRIJALVA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117135 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE Mailing Address PO BOX 60405 City WORCESTER State MA Zip Code 01606-0405 Purpose of Disbursement CONTRIBUTION Candidate Name JIM P MCGOVERN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.117164 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

27000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
ROB MILLER FOR CONGRESS

Mailing Address 219 SCOTT'S STREET

City BEAUFORT State SC Zip Code 29902

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ROBERT L MILLER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.117188

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
SANFORD D. BISHOP JR. FOR CONGRESS

Mailing Address PO BOX 909

City COLUMBUS State GA Zip Code 31902

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
SANFORD D JR. BISHOP

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 02

Transaction ID: SB23.117156

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
SEGALL FOR CONGRESS

Mailing Address PO Box 4236

City Montgomery State AL Zip Code 36103

Purpose of Disbursement  
UNCASHED CONTRIBUTION CHECK

Candidate Name  
JOSHUA STEVEN SEGALL

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AL District: 03

Transaction ID: SB23.118105

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

-1000.00

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>SOLIDARITY PAC</b></p> <p>Mailing Address C/O PERKINS, COIE, LLP 607 14TH STREET, NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117144 <b>Date of Disbursement</b> 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>STABENOW FOR U.S. SENATE</b></p> <p>Mailing Address 43 NEW JERSEY AVENUE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117175 <b>Date of Disbursement</b> 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>STEVE ROTHMAN FOR CONGRESS INC.</b></p> <p>Mailing Address 38 IVY STREET, S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEVEN R ROTHMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117181 <b>Date of Disbursement</b> 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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)

<b>A.</b> Full Name (Last, First, Middle Initial) TOMMY SOWERS FOR CONGRESS <hr/> Mailing Address PO BOX 1396 <hr/> City ROLLA State MO Zip Code 65402 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name TOMMY SOWERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118395 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) TRIVEDI FOR CONGRESS <hr/> Mailing Address PO BOX 346 <hr/> City ELVERSON State PA Zip Code 19520 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MANAN TRIVEDI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118411 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS <hr/> Mailing Address 3514 FARRAGUT AVENUE <hr/> City KENSINGTON State MD Zip Code 20895 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118384 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)

<b>A.</b> Full Name (Last, First, Middle Initial) VICTORY NOW PAC <hr/> Mailing Address 10605 CONCORD STREET SUITE 202 <hr/> City KENSINGTON State MD Zip Code 20895 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> 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) ▼	Transaction ID: SB23.117166 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2010
	Amount of Each Disbursement this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS COMMITTEE <hr/> Mailing Address PO BOX 750176 <hr/> City PETALUMA State CA Zip Code 94975 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name LYNN C WOOLSEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.118342 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00

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

4500.00

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

46500.00

**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)

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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)

A.	Full Name (Last, First, Middle Initial) 21ST CENTURY FUND	Transaction ID: SB29.117203 Date of Disbursement
	Mailing Address 606 TOWNSEND	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LANSING State MI Zip Code 48933	Amount of Each Disbursement this Period
	Purpose of Disbursement ADMINISTRATIVE PURPOSES ONLY	<input type="text" value="500000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) 21ST CENTURY FUND	Transaction ID: SB29.117207 Date of Disbursement
	Mailing Address 606 TOWNSEND	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LANSING State MI Zip Code 48933	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) 21ST CENTURY FUND	Transaction ID: SB29.118442 Date of Disbursement
	Mailing Address 606 TOWNSEND	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LANSING State MI Zip Code 48933	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="150000.00"/>
<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)

A.	Full Name (Last, First, Middle Initial) ANTHONY P. BARILL FOR WV	Transaction ID: SB29.118450 Date of Disbursement 09 / 16 / 2010
	Mailing Address 18 W. 5TH STREET	Amount of Each Disbursement this Period 250.00
	City WESTOVER State WV Zip Code 26501	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) A PHILIP RANDOLPH INSITUTE	Transaction ID: SB29.117209 Date of Disbursement 08 / 02 / 2010
	Mailing Address 1444 I STREET NW, SUITE 300	Amount of Each Disbursement this Period 11390.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement 2010 FLINT PRIMARY GOTV Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) A PHILIP RANDOLPH INSITUTE	Transaction ID: SB29.117210 Date of Disbursement 08 / 02 / 2010
	Mailing Address 1444 I STREET NW, SUITE 300	Amount of Each Disbursement this Period 7100.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement 2010 LANSING PRIMARY GOTV Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

18740.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BRADY PAXTON FOR WV</b></p> <p>Mailing Address 102-2 HICKORY HILL PLACE</p> <p>City CHARLESTON State WV Zip Code 25314</p> <p>Purpose of Disbursement CAMPAIGN CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB29.118430 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CHARLES MESSICK FOR WV</b></p> <p>Mailing Address 105 CHICKADEE STREET</p> <p>City KEYSER State WV Zip Code 26726</p> <p>Purpose of Disbursement CAMPAIGN CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB29.118445 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CHET CULVER COMMITTEE</b></p> <p>Mailing Address PO BOX 6068</p> <p>City DES MOINES State IA Zip Code 50309</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:</p>	<p><b>Transaction ID:</b> SB29.118077 <b>Date of Disbursement</b> 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 25000.00</p>

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

**26000.00**

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





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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

A.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT TERRY L. WALKER</b>	<b>Transaction ID:</b> SB29.118439
	Mailing Address <b>PO BOX 1125</b>	Date of Disbursement 09 / 15 / 2010
	City <b>CHARLES TOWN</b> State <b>WV</b> Zip Code <b>25414</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>COOK FOR THE HOUSE</b>	<b>Transaction ID:</b> SB29.118455
	Mailing Address <b>160 MONT CHAUTEAU ROAD</b>	Date of Disbursement 09 / 16 / 2010
	City <b>MORGANTOWN</b> State <b>WV</b> Zip Code <b>26508</b>	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>DAN POLING FOR WV</b>	<b>Transaction ID:</b> SB29.118432
	Mailing Address <b>1007 STAR AVENUE</b>	Date of Disbursement 09 / 15 / 2010
	City <b>PARKERSBURG</b> State <b>WV</b> Zip Code <b>26101</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2250.00</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)

A.	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC GOVERNORS' ASSOCIATION</b>	<b>Transaction ID:</b> SB29.118456
	Mailing Address 430 S. CAPITOL SE	Date of Disbursement 09 / 16 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 11000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>DONN MARSHALL FOR WV</b>	<b>Transaction ID:</b> SB29.118441
	Mailing Address PO BOX 2675	Date of Disbursement 09 / 16 / 2010
	City MARTINSBURG State WV Zip Code 25402	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>M. JASON BARRETT FOR WV</b>	<b>Transaction ID:</b> SB29.118452
	Mailing Address 3045 GREENSBURG ROAD	Date of Disbursement 09 / 16 / 2010
	City MARTINSBURG State WV Zip Code 25404	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12750.00</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 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)

A.	Full Name (Last, First, Middle Initial) MIKE CAPUTO FOR WV	Transaction ID: SB29.118453 Date of Disbursement 09 / 16 / 2010
	Mailing Address 397 SATTERFIELD STREET	
	City RIVESVILLE State WV Zip Code 26588	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE ROBERTS FOR WV	Transaction ID: SB29.118435 Date of Disbursement 09 / 15 / 2010
	Mailing Address PO BOX 693	
	City HEDGESVILLE State WV Zip Code 25427	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MILLION MORE VOTERS	Transaction ID: SB29.118434 Date of Disbursement 09 / 15 / 2010
	Mailing Address 600 GRAND AVENUE SUITE 410	
	City OAKLAND State CA Zip Code 94610-3561	Amount of Each Disbursement this Period 50000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>51500.00</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 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)

A.	Full Name (Last, First, Middle Initial) ROBERT V. 'BOB' MILLS FOR WV	Transaction ID: SB29.118429 Date of Disbursement
	Mailing Address 731 W. JOHN STREET	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City MARTINSBURG State WV Zip Code 25401	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THOMAS E. MC HUGH FOR WV	Transaction ID: SB29.118447 Date of Disbursement
	Mailing Address 300 CHASE TOWER 707 VIRGINIA STREET E	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City CHARLESTON State WV Zip Code 25301	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UAW NORTH CAROLINA V-PAC	Transaction ID: SB29.118457 Date of Disbursement
	Mailing Address 1005 NORTH POINT BOULEVARD SUITE 701	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City BALTIMORE State MD Zip Code 21224	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="4000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 135

<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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) UAW REGION 3 VICTORY FUND</p> <p>Mailing Address 5850 FORTUNE CIRCLE WEST</p> <p>City INDIANAPOLIS State IN Zip Code 46241</p> <p>Purpose of Disbursement REPLENISHMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.117204</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) UAW REGION 5 PAC</p> <p>Mailing Address 721 DUNN ROAD</p> <p>City HAZELWOOD State MO Zip Code 63042</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.117206</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) UNGER FOR CONGRESS</p> <p>Mailing Address PO BOX 11530</p> <p>City CHARLESTON State WV Zip Code 25339</p> <p>Purpose of Disbursement CAMPAIGN CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.118437</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="81000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1812190.00"/>