



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

|  | COLUMN A<br>This Period                  | COLUMN B<br>Calendar Year-to-Date        |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="10089052.15"/> | <input type="text" value="10089052.15"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="11635427.39"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="1527306.08"/>  | <input type="text" value="3446762.31"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="13162733.47"/> | <input type="text" value="13535814.46"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="1150078.41"/>  | <input type="text" value="1523159.40"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="12012655.06"/> | <input type="text" value="12012655.06"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>        |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 25999.24                      | 62025.69                          |
| (ii) Unitemized .....   | 1499411.20                    | 3381561.89                        |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 1525410.44                    | 3443587.58                        |
| (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) .....  | 1525410.44                    | 3443587.58                        |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 500.00                        | 500.00                            |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 1395.64                       | 2674.73                           |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 1527306.08                    | 3446762.31                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 1527306.08                    | 3446762.31                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 95950.41                      | 255896.40                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 95950.41                      | 255896.40                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 693128.00                     | 693128.00                         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 276500.00                     | 419500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 135.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 135.00                            |
| 29. Other Disbursements .....  | 84500.00                      | 154500.00                         |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 1150078.41                    | 1523159.40                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1150078.41                    | 1523159.40                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 1525410.44                    | 3443587.58                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 135.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 1525410.44                    | 3443452.58                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 95950.41                      | 255896.40                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 95950.41                      | 255896.40                         |

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 113               |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |                              |                                   | <input type="checkbox"/> 17 |

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

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MIKE ABELL</b>   |                                     | Date of Receipt   |
| Mailing Address 3307 BARDSTOWN RD   |                                     | <input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| SPRINGFIELD   | KY                                  | 40069-9451  |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          |   |
| INTERNATIONAL UNION, UAW  | INTERNATIONAL REPRESENTATIVE        |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> |   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="300.00"/>   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. EDWARD ANDREWS</b>   |                                     | Date of Receipt   |
| Mailing Address 102 SUSQUEHANNA AVE   |                                     | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| RENOVO  | PA                                  | 17764   |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          |   |
|   | RETIRED                             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> |   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JAMES ARGYRIS</b>  |                                     | Date of Receipt   |
| Mailing Address 40456 DIANE   |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| STERLING HEIGHTS  | MI                                  | 48313   |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          |   |
| CHRYSLER LLC  | FACTORY WORKER                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="265.00"/> |   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="50.00"/>  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="600.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 113                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BRENTON AVERY</b>  |                                     | Date of Receipt   |
| Mailing Address 17392 WISCONSIN   |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| DETROIT   | MI                                  | 48221   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138625</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| CHRYSLER LLC  | FACTORY WORKER                      | <input type="text" value="180.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="480.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ANNETTE AYRES</b>  |                                     | Date of Receipt   |
| Mailing Address 326 TOMS ROAD   |                                     | <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| CASTOR  | LA                                  | 71016   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138066</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
|   | RETIRED                             | <input type="text" value="300.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JERRY AYRES</b>  |                                     | Date of Receipt   |
| Mailing Address PO BOX 697  |                                     | <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| SPRING HILL   | TN                                  | 37174-0697  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138248</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| GENERAL MOTORS  | FACTORY WORKER                      | <input type="text" value="300.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="780.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 8 OF 113   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. LAURIE AYRISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 GLENSTONE DR  
 City COLUMBIA State TN Zip Code 38401-5985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SATURN Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138633**  
 Amount of Each Receipt this Period  
 50.00

**B. LAURIE AYRISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 GLENSTONE DR  
 City COLUMBIA State TN Zip Code 38401-5985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SATURN Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.138388**  
 Amount of Each Receipt this Period  
 25.00

**C. DIONE BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 S. MACARTHUR BLVD,STE 105-  
 City COPPELL State TX Zip Code 75019  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138628**  
 Amount of Each Receipt this Period  
 50.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 658 TRAFALGAR DRIVE

City State Zip Code  
 HAGERSTOWN MD 21742

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

Name of Employer Occupation  
 RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : SA11AI.138306**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 20076 MC INTYRE STREET

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 ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138586**

Amount of Each Receipt this Period  
 180.00

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

Mailing Address 6794 S IVA RD

City State Zip Code  
 SAINT CHARLES MI 48655-9755

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 ▼  
 485.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138536**

Amount of Each Receipt this Period  
 199.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **679.50**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |                                     |          |   |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LENA BEMBERY</b> |                                     |          | Date of Receipt   |
| Mailing Address 18501 PARKSIDE                                    |                                     |          | <input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code | <b>Transaction ID : SA11Al.138645</b>   |
| DETROIT   | MI                                  | 48221    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>      |          | <input type="text" value="160.00"/>   |
| Name of Employer  | Occupation                          |          |   |
| INTERNATIONAL UNION, UAW  | INTERNATIONAL REPRESENTATIVE        |          |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="460.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |          |   |

|   |                                     |          |   |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BRIAN BESS</b>   |                                     |          | Date of Receipt   |
| Mailing Address 29759 ROAN  |                                     |          | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code | <b>Transaction ID : SA11Al.138453</b>   |
| WARREN  | MI                                  | 48093    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>      |          | <input type="text" value="180.00"/>   |
| Name of Employer  | Occupation                          |          |   |
| CHRYSLER LLC  | FACTORY WORKER                      |          |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="508.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |          |   |

|  |                                     |          |   |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RONALD BIEBER</b> |                                     |          | Date of Receipt   |
| Mailing Address 5474 SOUTHLAWN                                     |                                     |          | <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> |
| City   | State                               | Zip Code | <b>Transaction ID : SA11Al.138266</b>   |
| STERLING HEIGHTS   | MI                                  | 48310    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.         | <input type="text" value="C"/>      |          | <input type="text" value="300.00"/>   |
| Name of Employer   | Occupation                          |          |   |
| INTERNATIONAL UNION, UAW   | INTERNATIONAL REPRESENTATIVE        |          |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General  | <input type="text" value="300.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                         |                                     |          |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="640.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RANDALL BLAND</b>  |                                     | Date of Receipt   |
| Mailing Address 1721 E 2ND STREET   |                                     | <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| TRENTON   | MO                                  | 64683   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138293</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| LEAR CORPORATION  | FACTORY WORKER                      | <input type="text" value="200.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="786.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KENNETH BOUGENO</b>  |                                     | Date of Receipt   |
| Mailing Address P.O. BOX 509  |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| CEDAR HILL  | MO                                  | 63016   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138504</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| CHRYSLER LLC  | FACTORY WORKER                      | <input type="text" value="100.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="350.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KENNETH BOUGENO</b>  |                                     | Date of Receipt   |
| Mailing Address P.O. BOX 509  |                                     | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| CEDAR HILL  | MO                                  | 63016   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138329</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| CHRYSLER LLC  | FACTORY WORKER                      | <input type="text" value="50.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="400.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="350.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 12 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. KENNETH BRADFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3325 PETE SHAW RD  
 City MARIETTA State GA Zip Code 30066-2354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : SA11Al.138378**  
 Amount of Each Receipt this Period  
 300.00

**B. BARBARA BRADY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O BOX 541  
 City SULLIVAN State MO Zip Code 63080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138226**  
 Amount of Each Receipt this Period  
 150.00

**C. PAULA J BRENNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 FOX RUN  
 City CRANSTON State RI Zip Code 02921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11Al.138162**  
 Amount of Each Receipt this Period  
 270.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 720.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 13 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. PAULA J BRENNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 FOX RUN  
 City CRANSTON State RI Zip Code 02921  
 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 ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138229**  
 Amount of Each Receipt this Period  
 25.00

**B. AARON BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30520 QUINKERT ST  
 City ROSEVILLE State MI Zip Code 48066  
 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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138070**  
 Amount of Each Receipt this Period  
 180.00

**C. SARAH BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 GREENS MILL RD  
 City COLUMBIA State TN Zip Code 38401-6177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11AI.138175**  
 Amount of Each Receipt this Period  
 300.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 505.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 14 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. VERNAL BROWN</b>   |                                     | Date of Receipt   |
| Mailing Address 8417 JACKLIN CT   |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| HAZELWOOD   | MO                                  | 63042   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138141</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| FORD MOTOR COMPANY  | FACTORY WORKER                      | <input type="text" value="150.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="525.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. VERNAL BROWN</b>   |                                     | Date of Receipt   |
| Mailing Address 8417 JACKLIN CT   |                                     | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| HAZELWOOD   | MO                                  | 63042   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138433</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| FORD MOTOR COMPANY  | FACTORY WORKER                      | <input type="text" value="75.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="600.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. LARRY BUCHANAN</b>   |                                     | Date of Receipt   |
| Mailing Address 23038 ELK TRAIL E.  |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| REDDING   | CA                                  | 96003   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138564</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
|   | RETIRED                             | <input type="text" value="17.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="257.50"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="242.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |          |   |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LARRY BUCHANAN</b> |                                     |          | Date of Receipt   |
| Mailing Address 23038 ELK TRAIL E.                                  |                                     |          | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code | <b>Transaction ID : SA11Al.138415</b>   |
| REDDING   | CA                                  | 96003    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      |          | <input type="text" value="8.50"/>   |
| Name of Employer  | Occupation                          |          |   |
|   | RETIRED                             |          |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="266.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |          |   |

|   |                                     |            |   |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Elizabeth Bunn</b> |                                     |            | Date of Receipt   |
| Mailing Address 1607 Highland Drive                                 |                                     |            | <input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code   | <b>Transaction ID : SA11Al.138474</b>   |
| Silver Springs  | MD                                  | 20190-2218 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      |            | <input type="text" value="300.00"/>   |
| Name of Employer  | Occupation                          |            |   |
|   | RETIRED                             |            |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="300.00"/> |            |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |            |   |

|   |                                     |          |   |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ARCHIE BUTTRAM</b> |                                     |          | Date of Receipt   |
| Mailing Address 1205 NE 77TH ST.                                    |                                     |          | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code | <b>Transaction ID : SA11Al.138439</b>   |
| GLADSTONE   | MO                                  | 64118    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      |          | <input type="text" value="120.00"/>   |
| Name of Employer  | Occupation                          |          |   |
|   | RETIRED                             |          |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="420.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |          |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="428.50"/> |
| <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 16 OF 113  
(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. ARCHIE BUTTRAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1205 NE 77TH ST.  
 City State Zip Code  
 GLADSTONE MO 64118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.138622**  
 Amount of Each Receipt this Period  
 60.00

**B. DENISE CALDWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19135 ROLANDEALE  
 City State Zip Code  
 GROSE POINTE MI 48236  
 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 ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138163**  
 Amount of Each Receipt this Period  
 180.00

**C. HENRY CAPERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40218 ALDEN  
 City State Zip Code  
 BELLEVILLE MI 48111  
 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 ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138480**  
 Amount of Each Receipt this Period  
 180.00

**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 17 OF 113  
(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. RANDALL CATRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30754 LORRAINE  
 City WARREN State MI Zip Code 48093  
 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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138064**  
 Amount of Each Receipt this Period  
 120.00

**B. DAVID CHADWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4351 POST RAIL LN  
 City FRANKLIN State OH Zip Code 45005-4950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MILLER BREWING Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.138198**  
 Amount of Each Receipt this Period  
 50.00

**C. DAVID CHADWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4351 POST RAIL LN  
 City FRANKLIN State OH Zip Code 45005-4950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MILLER BREWING Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11AI.138472**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**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 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11Al.138473**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. ROY CHAPMAN**

Mailing Address 3471 S HEMLOCK RD

City State Zip Code  
 HEMLOCK MI 48626-9785

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

Name of Employer Occupation  
 RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2014  
**Transaction ID : SA11Al.138171**

Amount of Each Receipt this Period  
 325.00

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

Mailing Address P.O. BOX 760062

City State Zip Code  
 LATHRUP VILLAGE MI 48076

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 ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138196**

Amount of Each Receipt this Period  
 180.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 555.00

**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 19 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

Mailing Address 37130 BAKER DRIVE

City WESTLAND State MI Zip Code 48185

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 ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014  
**Transaction ID : SA11Al.138333**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 7516 RUTHERFORD

City DETROIT State MI Zip Code 48228

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 ▼ 286.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014  
**Transaction ID : SA11Al.138600**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 643 POINSETTIA DRIVE

City LARGO State FL Zip Code 33770

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 M / D D D / Y Y Y Y Y Y  
05 / 28 / 2014  
**Transaction ID : SA11Al.138443**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**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 OF 113               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

|   |                                     |            |   |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GORDON E DEANE</b> |                                     |            | Date of Receipt   |
| Mailing Address 8 S MAIN AVE  |                                     |            | <input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code   | <b>Transaction ID : SA11Al.138101</b>   |
| ALBANY  | NY                                  | 12208-2618 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      |            | <input type="text" value="520.00"/>   |
| Name of Employer  | Occupation                          |            |   |
| LEGAL SERVICES FOR NEW YORK   | CLERICAL WORKER                     |            |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="520.00"/> |            |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |            |   |

|   |                                     |          |   |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LARRY DIXON</b>  |                                     |          | Date of Receipt   |
| Mailing Address 1207 LEEDS ROAD                                   |                                     |          | <input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code | <b>Transaction ID : SA11Al.138418</b>   |
| ELKTON  | MD                                  | 21921    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>      |          | <input type="text" value="250.00"/>   |
| Name of Employer  | Occupation                          |          |   |
| CHRYSLER LLC  | FACTORY WORKER                      |          |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="250.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |          |   |

|   |                                     |            |   |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DAVID DOPP</b>   |                                     |            | Date of Receipt   |
| Mailing Address 3364 WESTVIEW CIR                                 |                                     |            | <input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code   | <b>Transaction ID : SA11Al.138505</b>   |
| GREENCASTLE   | PA                                  | 17225-9367 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>      |            | <input type="text" value="100.00"/>   |
| Name of Employer  | Occupation                          |            |   |
| VOLVO (AB)  | FACTORY WORKER                      |            |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="400.00"/> |            |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |            |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="870.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 3530 PIEDMONT ROAD

City ATLANTA State GA Zip Code 30305

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

Name of Employer Occupation  
RETIRE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
05 / 28 / 2014  
Transaction ID : SA11AI.138372

Amount of Each Receipt this Period  
320.00

**B. KELLY Y DURHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 29864 CITY CENTER DR.

City WARREN State MI Zip Code 48093-2431

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 ▼  
480.00

Date of Receipt  
06 / 26 / 2014  
Transaction ID : SA11AI.138570

Amount of Each Receipt this Period  
180.00

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

Mailing Address 33923 FRASER AVE

City FRASER State MI Zip Code 48026

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 ▼  
480.00

Date of Receipt  
06 / 26 / 2014  
Transaction ID : SA11AI.138390

Amount of Each Receipt this Period  
180.00

**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: (check only one) | PAGE 22 OF 113  |
| <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. ROBERT FIGLIOLI**  
Full Name (Last, First, Middle Initial)

Mailing Address 21067 WOODLAND DR.

City State Zip Code  
MACOMB TWP. MI 48044

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 ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014  
**Transaction ID : SA11Al.138117**

Amount of Each Receipt this Period  
75.00

**B. KAREN FLEER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1003 BRUSH CREEK ROAD

City State Zip Code  
ST CLAIR MO 63077-2608

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 ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014  
**Transaction ID : SA11Al.138603**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1003 BRUSH CREEK ROAD

City State Zip Code  
ST CLAIR MO 63077-2608

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 ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2014  
**Transaction ID : SA11Al.138604**

Amount of Each Receipt this Period  
50.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 113  
(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. LINDA FRANCIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 7770  
 City FLINT State MI Zip Code 48507-0770  
 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 ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138272**  
 Amount of Each Receipt this Period  
 10.00

**B. LINDA FRANCIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 7770  
 City FLINT State MI Zip Code 48507-0770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.138632**  
 Amount of Each Receipt this Period  
 5.00

**C. PETER FULLERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 563 WILLIAMS AVE  
 City BROOKLYN State NY Zip Code 11207-6250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAW LOCAL 365 Occupation LOCAL 365 STAFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138071**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**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 24 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID GALLATY</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 25 / 2014<br><b>Transaction ID : SA11Al.138579</b> |
| Mailing Address 155 BRANDON MILL CIRCLE   |                                    | Amount of Each Receipt this Period<br>250.00  |
| City FAYETTEVILLE   | State GA                           | Zip Code 30214  |
| FEC ID number of contributing federal political committee.  | C                                  |   |
| Name of Employer  | Occupation<br>RETIRED              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN R GEDNEY</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 26 / 2014<br><b>Transaction ID : SA11Al.138558</b> |
| Mailing Address 4669 PRAIRIE ROSE RD.   |                                    | Amount of Each Receipt this Period<br>180.00  |
| City ROSCOE   | State IL                           | Zip Code 61073  |
| FEC ID number of contributing federal political committee.  | C                                  |   |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DENISE GLADUE</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>04 / 16 / 2014<br><b>Transaction ID : SA11Al.138122</b> |
| Mailing Address 44 COOK DR.   |                                    | Amount of Each Receipt this Period<br>275.00  |
| City UNCASVILLE   | State CT                           | Zip Code 06382-1314   |
| FEC ID number of contributing federal political committee.  | C                                  |   |
| Name of Employer<br>UAW LOCAL 4121  | Occupation<br>LOCAL 4121 STAFF     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 705.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 2230 SE 34TH AVE.

City PORTLAND State OR Zip Code 97214

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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11Al.138539**

Amount of Each Receipt this Period  
**150.00**

**B. TODD GRANDBERRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 854 MENOMINEE

City PONTIAC State MI Zip Code 48341

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 ▼ **812.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11Al.138148**

Amount of Each Receipt this Period  
**297.00**

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

Mailing Address 14165 EASTBURN

City DETROIT State MI Zip Code 48205

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11Al.138218**

Amount of Each Receipt this Period  
**60.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>507.00</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 26 OF 113               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID GRAY</b>   |                                     | Date of Receipt   |
| Mailing Address 87 JULIE LN                                       |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| ST PETERS   | MO                                  | 63376   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11Al.138061</b>   |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="100.00"/>   |
| Name of Employer  | Occupation                          |   |
| FORD MOTOR COMPANY  | FACTORY WORKER                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="350.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DAVID GRAY</b>   |                                     | Date of Receipt   |
| Mailing Address 87 JULIE LN                                       |                                     | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| ST PETERS   | MO                                  | 63376   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11Al.138554</b>   |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="50.00"/>  |
| Name of Employer  | Occupation                          |   |
| FORD MOTOR COMPANY  | FACTORY WORKER                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="400.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JERRY GRAY</b>   |                                     | Date of Receipt   |
| Mailing Address PO BOX 723  |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| SCOTTSVILLE   | TX                                  | 75688-0723  |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11Al.138543</b>   |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="275.00"/>   |
| Name of Employer  | Occupation                          |   |
|   | RETIRED                             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="775.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 27 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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

Mailing Address **PO BOX 723**

City **SCOTTSVILLE** State **TX** Zip Code **75688-0723**

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

Name of Employer **RETIRE** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **925.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : SA11Al.138635**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. RANDALL G GREEN JR**

Mailing Address **413 BROADWAY STREET**

City **MARINE CITY** State **MI** Zip Code **48039**

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 ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11Al.138165**

Amount of Each Receipt this Period  
**180.00**

Full Name (Last, First, Middle Initial)  
**C. LAWRENCE HAMILTON JR**

Mailing Address **200 WEST SHORE DRIVE**

City **CAMPBELLSVILL** State **KY** Zip Code **42718-9304**

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 ▼ **685.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11Al.138264**

Amount of Each Receipt this Period  
**685.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1015.00</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 28 OF 113               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LAWRENCE HAMILTON JR</b>   |   | Date of Receipt   |
| Mailing Address 200 WEST SHORE DRIVE  |   | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City State Zip Code<br>CAMPBELLSVILL KY 42718-9304  |   | <b>Transaction ID : SA11Al.138224</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="200.00"/>                             |
| Name of Employer<br>GENERAL MOTORS CORPORATION  | Occupation<br>FACTORY WORKER                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="705.00"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LAWRENCE HAMILTON JR</b>   |   | Date of Receipt   |
| Mailing Address 200 WEST SHORE DRIVE  |   | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City State Zip Code<br>CAMPBELLSVILL KY 42718-9304  |   | <b>Transaction ID : SA11Al.138538</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="10.00"/>                              |
| Name of Employer<br>GENERAL MOTORS CORPORATION  | Occupation<br>FACTORY WORKER                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="715.00"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. VALERIE HANSERD</b>  |   | Date of Receipt   |
| Mailing Address 1501 VICTORIA AVENUE  |   | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City State Zip Code<br>ROCKFORD IL 61102  |   | <b>Transaction ID : SA11Al.138573</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="165.00"/>                             |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="440.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="195.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

Mailing Address 7865 NW ROANRIDGE ROAD,APT D

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>KANSAS CITY | State<br>MO | Zip Code<br>64151 |
|---------------------|-------------|-------------------|

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>FORD MOTOR COMPANY | Occupation<br>FACTORY WORKER |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 26    | / | 2014        |

**Transaction ID : SA11Al.138440**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

**B. DOROTHY HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7865 NW ROANRIDGE ROAD,APT D

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>KANSAS CITY | State<br>MO | Zip Code<br>64151 |
|---------------------|-------------|-------------------|

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>FORD MOTOR COMPANY | Occupation<br>FACTORY WORKER |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 27    | / | 2014        |

**Transaction ID : SA11Al.138374**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

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

Mailing Address 19335 FIELDING ST

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>DETROIT | State<br>MI | Zip Code<br>48219-2528 |
|-----------------|-------------|------------------------|

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

|                                  |                              |
|----------------------------------|------------------------------|
| Name of Employer<br>CHRYSLER LLC | Occupation<br>FACTORY WORKER |
|----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 26    | / | 2014        |

**Transaction ID : SA11Al.138636**

Amount of Each Receipt this Period  

|        |
|--------|
| 180.00 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>330.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LINDA HAYES</b>  |                                     | Date of Receipt   |
| Mailing Address 21801 PARKLAWN                                    |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| OAK PARK  | MI                                  | 48237   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11Al.138503</b>   |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="136.00"/>   |
| Name of Employer  | Occupation                          |   |
| FORD MOTOR COMPANY  | FACTORY WORKER                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="476.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LINDA HAYES</b>  |                                     | Date of Receipt   |
| Mailing Address 21801 PARKLAWN                                    |                                     | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| OAK PARK  | MI                                  | 48237   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11Al.138102</b>   |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="68.00"/>  |
| Name of Employer  | Occupation                          |   |
| FORD MOTOR COMPANY  | FACTORY WORKER                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="544.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GARY HOLMES</b>  |                                     | Date of Receipt   |
| Mailing Address 2320 S. TIBBS AVE.                                |                                     | <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| INDIANAPOLIS  | IN                                  | 46241   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11Al.138492</b>   |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="300.00"/>   |
| Name of Employer  | Occupation                          |   |
| GENERAL MOTORS CORPORATION  | FACTORY WORKER                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="300.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="504.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 31 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. JUSTIN JAKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 ORLEANS APT 601E  
 City State Zip Code  
 DETROIT MI 48207  
 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 ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138083**  
 Amount of Each Receipt this Period  
 180.00

**B. JEFFREY JAREMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48560 BAY HARBOR DRIVE  
 City State Zip Code  
 MACOMB MI 48044  
 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 ▼  
 862.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138336**  
 Amount of Each Receipt this Period  
 180.00

**C. CAROL JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 VINCENT ST  
 City State Zip Code  
 PACIFIC MO 63069-1256  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138345**  
 Amount of Each Receipt this Period  
 100.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 460.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

Mailing Address 132 VINCENT ST

City PACIFIC State MO Zip Code 63069-1256

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.138601**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 8434 WERMUTH

City CENTERLINE State MI Zip Code 48015

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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138314**

Amount of Each Receipt this Period  
 180.00

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

Mailing Address 22711 SOCIA ST.

City ST CLAIR SHORES State MI Zip Code 48082

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 ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138135**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 305.00

**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 33 OF 113               |
|   | <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             | <input type="checkbox"/> 17  |

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

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

Mailing Address 21520 DEQUINDRE RD

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>WARREN | State<br>MI | Zip Code<br>48091-2255 |
|----------------|-------------|------------------------|

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

|   |                              |
|---|------------------------------|
| Name of Employer<br>AMERICAN AXLE & MANUFACTURING | Occupation<br>FACTORY WORKER |
|---|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **629.94**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

**Transaction ID : SA11Al.138149**

Amount of Each Receipt this Period  

|       |
|-------|
| 99.99 |
|-------|

Full Name (Last, First, Middle Initial)  
**B. TRACY JORDAN**

Mailing Address 407 LINDEN AVE.

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>SUFFOLK | State<br>VA | Zip Code<br>23434 |
|-----------------|-------------|-------------------|

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

|                                      |                              |
|--------------------------------------|------------------------------|
| Name of Employer<br>KRAFT FOODS, INC | Occupation<br>FACTORY WORKER |
|--------------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.50**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 17  |   | 2014    |

**Transaction ID : SA11Al.138361**

Amount of Each Receipt this Period  

|       |
|-------|
| 85.00 |
|-------|

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

Mailing Address 29415 CUNNINGHAM DR

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>WARREN | State<br>MI | Zip Code<br>48092-2254 |
|----------------|-------------|------------------------|

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

|                                  |                              |
|----------------------------------|------------------------------|
| Name of Employer<br>CHRYSLER LLC | Occupation<br>FACTORY WORKER |
|----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2014    |

**Transaction ID : SA11Al.138262**

Amount of Each Receipt this Period  

|        |
|--------|
| 180.00 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>364.99</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 34 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 404 LONE OAK DRIVE

City State Zip Code  
 ROCK HILL MO 63119-1322

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

Name of Employer Occupation  
 RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138577**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. JAMESSELL KEE**

Mailing Address 404 LONE OAK DRIVE

City State Zip Code  
 ROCK HILL MO 63119-1322

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

Name of Employer Occupation  
 RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.138142**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 13704 LAPLAISANCE RD.

City State Zip Code  
 MONROE MI 48161

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

Name of Employer Occupation  
 INTERNATIONAL UNION, UAW INTERNATIONAL REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2014  
**Transaction ID : SA11AI.138612**

Amount of Each Receipt this Period  
 240.00

**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: PAGE 35 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. LEIGH KEGERREIS**  
 Mailing Address 13704 LAPLAISANCE RD.  
 City State Zip Code  
 MONROE MI 48161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INTERNATIONAL UNION, UAW INTERNATIONAL REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.138611**  
 Amount of Each Receipt this Period  
 235.00

Full Name (Last, First, Middle Initial)  
**B. SCOTT KINCAID**  
 Mailing Address 349 BEDE ST  
 City State Zip Code  
 FLINT MI 48507-2614  
 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 ▼  
 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : SA11AI.138234**  
 Amount of Each Receipt this Period  
 120.00

Full Name (Last, First, Middle Initial)  
**C. ANTHONY KING**  
 Mailing Address 8043 BLISS  
 City State Zip Code  
 DETROIT MI 48234  
 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 ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138080**  
 Amount of Each Receipt this Period  
 180.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00  
**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 36 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. JERRY KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3627 EAST MEADOWS CT  
 City OKEMOS State MI Zip Code 48864  
 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 **460.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138339**  
 Amount of Each Receipt this Period  
**180.00**

**B. RICK KLINGENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11605 LIV 224  
 City CHILLICOTHE State MO Zip Code 64601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEAR CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **786.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.138347**  
 Amount of Each Receipt this Period  
**200.00**

**C. LARRY KRUPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1904 E KITCHEN RD  
 City PINCONNING State MI Zip Code 48650-9755  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : SA11AI.138552**  
 Amount of Each Receipt this Period  
**300.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>680.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 10968,DUBLIN

City ROSCOE State IL Zip Code 61073

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138447**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 2060 DUNWOODIE ST

City ORTONVILLE State MI Zip Code 48462-8556

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138595**

Amount of Each Receipt this Period  
 120.00

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

Mailing Address 2060 DUNWOODIE ST

City ORTONVILLE State MI Zip Code 48462-8556

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11Al.138236**

Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

**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 38 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BONNIE LAURIA</b>  |                                     | Date of Receipt   |
| Mailing Address 3913 AMES ROAD  |                                     | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| WEST BRANCH   | MI                                  | 48661   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
|   | RETIRED                             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> |   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="300.00"/>   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ALVIN LLOYD</b>  |                                     | Date of Receipt   |
| Mailing Address 7712 TRAPPE ROAD  |                                     | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| BALTIMORE   | MD                                  | 21222-2255  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
|   | RETIRED                             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> |   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="300.00"/>   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KEVIN LOGAN</b>  |                                     | Date of Receipt   |
| Mailing Address 6238 UPPER RIDGE WAY  |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| ROSCOE  | IL                                  | 61073   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
| CHRYSLER LLC  | FACTORY WORKER                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="456.00"/> |   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="171.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="771.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 5 OAKTREE LN APT K

City WILLIAMSPORT State MD Zip Code 21795-1242

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

Name of Employer INTERNATIONAL UNION, UAW Occupation INTERNATIONAL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 13 / 2014  
**Transaction ID : SA11Al.138437**

Amount of Each Receipt this Period  
250.00

**B. FRANK MANZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 13217 BOCA GRANDE

City STERLING HGTS State MI Zip Code 48312

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 ▼ 344.00

Date of Receipt  
06 / 26 / 2014  
**Transaction ID : SA11Al.138144**

Amount of Each Receipt this Period  
129.00

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

Mailing Address 1082 BRIER CREEK RD

City MAMMOTH CAVE State KY Zip Code 42259-7960

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
05 / 28 / 2014  
**Transaction ID : SA11Al.138139**

Amount of Each Receipt this Period  
300.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 679.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. STANLEY MARSHALL</b>   |                                     | Date of Receipt   |
| Mailing Address 11205 WASHBURN ROAD   |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| OTISVILLE   | MI                                  | 48463-9731  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138215</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| GENERAL MOTORS CORPORATION  | FACTORY WORKER                      | <input type="text" value="18.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="274.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. STANLEY MARSHALL</b>   |                                     | Date of Receipt   |
| Mailing Address 11205 WASHBURN ROAD   |                                     | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| OTISVILLE   | MI                                  | 48463-9731  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138082</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| GENERAL MOTORS CORPORATION  | FACTORY WORKER                      | <input type="text" value="9.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="283.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. YOLANDA MARTIN</b>   |                                     | Date of Receipt   |
| Mailing Address 19049 DIJON   |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| EASTPOINTE  | MI                                  | 48021-2014  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138513</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| CHRYSLER LLC  | FACTORY WORKER                      | <input type="text" value="75.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="280.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="102.00"/> |
| <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 41 OF 113  
(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. EDWARD MAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12560 PROMENADE  
 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 ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138370**  
 Amount of Each Receipt this Period  
 180.00

**B. DYLAN H MAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 353350  
 City State Zip Code  
 SEATTLE WA 98195-3350  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2014  
**Transaction ID : SA11Al.138172**  
 Amount of Each Receipt this Period  
 25.00

**C. TIMOTHY MCCRACKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 POLSTER DRIVE  
 City State Zip Code  
 EVANSVILLE IN 47714-0325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INTERNATIONAL UNION, UAW INTERNATIONAL REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11Al.138396**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 505.00  
**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 42 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOSEPH MCMAHON</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 26 / 2014<br><b>Transaction ID : SA11Al.138346</b> |
| Mailing Address 4427 GREEN VALLEY DR.   |                                    | Amount of Each Receipt this Period<br>100.00   |
| City<br>ARNOLD  | State<br>MO                        | Zip Code<br>63010-3407   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JOSEPH MCMAHON</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 27 / 2014<br><b>Transaction ID : SA11Al.138238</b> |
| Mailing Address 4427 GREEN VALLEY DR.   |                                    | Amount of Each Receipt this Period<br>50.00  |
| City<br>ARNOLD  | State<br>MO                        | Zip Code<br>63010-3407   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ERIC MERRITT</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 26 / 2014<br><b>Transaction ID : SA11Al.138499</b> |
| Mailing Address 5270 RAILVEIW CT APT.,222   |                                    | Amount of Each Receipt this Period<br>120.00   |
| City<br>SHELBY TWP.   | State<br>MI                        | Zip Code<br>48316  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 270.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 2656 LANTERN LANE APT 203

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>AUBURN HILLS | State<br>MI | Zip Code<br>48326 |
|----------------------|-------------|-------------------|

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

|                                  |                              |
|----------------------------------|------------------------------|
| Name of Employer<br>CHRYSLER LLC | Occupation<br>FACTORY WORKER |
|----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 26    | / | 2014        |

**Transaction ID : SA11Al.138173**

Amount of Each Receipt this Period  

|        |
|--------|
| 180.00 |
|--------|

**B. GERRI MORELAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 4809 CHRISTY DR

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>KINGMAN | State<br>AZ | Zip Code<br>86409 |
|-----------------|-------------|-------------------|

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

|                                  |                              |
|----------------------------------|------------------------------|
| Name of Employer<br>CHRYSLER LLC | Occupation<br>FACTORY WORKER |
|----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 26    | / | 2014        |

**Transaction ID : SA11Al.138640**

Amount of Each Receipt this Period  

|        |
|--------|
| 150.00 |
|--------|

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

Mailing Address 5651 HELEN ST

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>GARDEN CITY | State<br>MI | Zip Code<br>48135 |
|---------------------|-------------|-------------------|

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>FORD MOTOR COMPANY | Occupation<br>FACTORY WORKER |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 26    | / | 2014        |

**Transaction ID : SA11Al.138342**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>430.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 5651 HELEN ST

City GARDEN CITY State MI Zip Code 48135

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11Al.138343**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1116 SOUTHWINDS DRIVE

City PORT ORANGE State FL Zip Code 32129

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 M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11Al.138424**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 721 POST ST

City SAGINAW State MI Zip Code 48602

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

Name of Employer L3 COMMUNICATIONS Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138168**

Amount of Each Receipt this Period  
 195.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 545.00

**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 45 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID OFFENHEISER</b>  |   | Date of Receipt   |
| Mailing Address 6122 E HIGGINS LAKE DR  |   | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City<br>ROSCOMMON   | State<br>MI   | Zip Code<br>48653-9351  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | <b>Transaction ID : SA11Al.138406</b>   |
| Name of Employer<br>Occupation<br>RETIRED   |   | Amount of Each Receipt this Period<br><input type="text" value="100.00"/>                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="350.00"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DAVID OFFENHEISER</b>  |   | Date of Receipt   |
| Mailing Address 6122 E HIGGINS LAKE DR  |   | <input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City<br>ROSCOMMON   | State<br>MI   | Zip Code<br>48653-9351  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | <b>Transaction ID : SA11Al.138287</b>   |
| Name of Employer<br>Occupation<br>RETIRED   |   | Amount of Each Receipt this Period<br><input type="text" value="50.00"/>                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="400.00"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DAVID PERKINS</b>  |   | Date of Receipt   |
| Mailing Address 21405 RUBLE ROAD  |   | <input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City<br>BOONSBORO   | State<br>MO   | Zip Code<br>21713   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | <b>Transaction ID : SA11Al.138098</b>   |
| Name of Employer<br>Occupation<br>FACTORY WORKER  |   | Amount of Each Receipt this Period<br><input type="text" value="300.00"/>                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="300.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="450.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

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

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

FOR LINE NUMBER: PAGE 46 OF 113  
(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. THOMAS PURCELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 STONE ROAD  
 City BURLINGTON State CT Zip Code 06013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INTERNATIONAL UNION, UAW Occupation INTERNATIONAL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.138067**  
 Amount of Each Receipt this Period  
 300.00

**B. CLARENCE REED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7202  
 City ST. HTS State MI Zip Code 48311-7202  
 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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138184**  
 Amount of Each Receipt this Period  
 180.00

**C. JACQUET RICHARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O BOX 80  
 City EASTPOINTE State MI Zip Code 48021  
 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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138197**  
 Amount of Each Receipt this Period  
 180.00

**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: (check only one)       | PAGE 47 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 14530 HARTWELL

City State Zip Code  
DETROIT MI 48227

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 ▼  
547.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014  
**Transaction ID : SA11Al.138178**

Amount of Each Receipt this Period  
180.00

**B. FRANK RIZZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 36834 LODGE DR.

City State Zip Code  
STERLING HEIGHTS MI 48312

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 ▼  
285.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014  
**Transaction ID : SA11Al.138279**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 23475 MICHELE CT.

City State Zip Code  
CLINTON TOWNSHIP MI 48036

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 ▼  
420.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014  
**Transaction ID : SA11Al.138251**

Amount of Each Receipt this Period  
180.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 48 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. EDWARD ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1523 COULTER FOREST  
 City KIRKWOOD State MO Zip Code 63122  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138594**  
 Amount of Each Receipt this Period  
 100.00

**B. EDWARD ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1523 COULTER FOREST  
 City KIRKWOOD State MO Zip Code 63122  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11Al.138103**  
 Amount of Each Receipt this Period  
 50.00

**C. HENRY SALAZAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14317 VINCENT WAY  
 City ADELANTO State CA Zip Code 92301  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138225**  
 Amount of Each Receipt this Period  
 150.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 10 NO. JOYCE ELLEN WAY

City State Zip Code  
 ST PETERS MO 63376

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 ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138375**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 10 NO. JOYCE ELLEN WAY

City State Zip Code  
 ST PETERS MO 63376

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 ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11Al.138088**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1457 RIVERBEND DR

City State Zip Code  
 DEFIANCE OH 43512

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

Name of Employer Occupation  
 NAPOLEON PRODUCTS FACTORY WORKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : SA11Al.138426**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 01047 5011 OWEN RD

City LINDEN State MI Zip Code 48451-9085

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 06 / 25 / 2014  
**Transaction ID : SA11Al.138077**

Amount of Each Receipt this Period 105.00

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

Mailing Address 19109 PARKWOOD LANE

City BROWNSTOWN State MI Zip Code 48183

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 26 / 2014  
**Transaction ID : SA11Al.138549**

Amount of Each Receipt this Period 100.00

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

Mailing Address 19109 PARKWOOD LANE

City BROWNSTOWN State MI Zip Code 48183

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 27 / 2014  
**Transaction ID : SA11Al.138593**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 255.00

**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 51 OF 113  
(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. MICHAEL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 GENERALS WAY CT  
 City FRANKLIN State TN Zip Code 37064-4981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SATURN Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.138123**  
 Amount of Each Receipt this Period  
 300.00

**B. MICHAEL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 GENERALS WAY CT  
 City FRANKLIN State TN Zip Code 37064-4981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SATURN Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : SA11AI.138414**  
 Amount of Each Receipt this Period  
 10.00

**C. RONALD SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3185 CURTIS RD  
 City BIRCH RUN State MI Zip Code 48415-9021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138078**  
 Amount of Each Receipt this Period  
 110.00

**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: (check only one)                                      | PAGE 52 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RONALD SMITH</b>   |                          | Date of Receipt                               |
| Mailing Address 3185 CURTIS RD  |                          | M M M / D D D / Y Y Y Y Y Y<br>06 / 27 / 2014 |
| City  | State                    | Zip Code                                      |
| BIRCH RUN   | MI                       | 48415-9021                                    |
| FEC ID number of contributing federal political committee. <b>C</b>   |                          | <b>Transaction ID : SA11Al.138527</b>         |
| Name of Employer<br>GENERAL MOTORS CORPORATION  |                          | Amount of Each Receipt this Period            |
| Occupation<br>FACTORY WORKER  |                          | 55.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
|   | 385.00                   |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. TRAVIS SNIDER</b>  |                          | Date of Receipt                               |
| Mailing Address 501 WEST WASHINGTON ST.   |                          | M M M / D D D / Y Y Y Y Y Y<br>06 / 26 / 2014 |
| City  | State                    | Zip Code                                      |
| WAYNETOWN   | IN                       | 47990   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                          | <b>Transaction ID : SA11Al.138617</b>         |
| Name of Employer<br>CHRYSLER LLC  |                          | Amount of Each Receipt this Period            |
| Occupation<br>FACTORY WORKER  |                          | 150.00  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
|   | 400.00                   |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GERARD SOMMERS</b>   |                          | Date of Receipt                               |
| Mailing Address 69 FENTON RD  |                          | M M M / D D D / Y Y Y Y Y Y<br>05 / 28 / 2014 |
| City  | State                    | Zip Code                                      |
| ROCHESTER   | NY                       | 14624-3952                                    |
| FEC ID number of contributing federal political committee. <b>C</b>   |                          | <b>Transaction ID : SA11Al.138509</b>         |
| Name of Employer  |                          | Amount of Each Receipt this Period            |
| Occupation<br>RETIRED   |                          | 300.00  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
|   | 300.00                   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 505.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. SALLY SOWARDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 218 GOLDA LANE

|   |                                    |                   |
|---|------------------------------------|-------------------|
| City<br>FENTON  | State<br>MO                        | Zip Code<br>63026 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |                   |

Date of Receipt  
06 / 26 / 2014  
**Transaction ID : SA11AI.138344**

Amount of Each Receipt this Period  
100.00

**B. SALLY SOWARDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 218 GOLDA LANE

|   |                                    |                   |
|---|------------------------------------|-------------------|
| City<br>FENTON  | State<br>MO                        | Zip Code<br>63026 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |                   |

Date of Receipt  
06 / 27 / 2014  
**Transaction ID : SA11AI.138062**

Amount of Each Receipt this Period  
50.00

**C. MICHELE SPRINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26087 DOVER

|   |                                    |                   |
|---|------------------------------------|-------------------|
| City<br>WARREN  | State<br>MI                        | Zip Code<br>48089 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>368.00 |                   |

Date of Receipt  
06 / 26 / 2014  
**Transaction ID : SA11AI.138058**

Amount of Each Receipt this Period  
75.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AARON ST CLAIR</b>   |                                     | Date of Receipt   |
| Mailing Address 2010 E. 500 N.  |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| KOKOMO  | IN                                  | 46901   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138434</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| CHRYSLER LLC  | FACTORY WORKER                      | <input type="text" value="100.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="350.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES STEWART JR</b>   |                                     | Date of Receipt   |
| Mailing Address 21733 MT AETNA RD   |                                     | <input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| HAGERSTOWN  | MD                                  | 21742   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138206</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
|   | RETIRED                             | <input type="text" value="300.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DAVID STUDAKER</b>   |                                     | Date of Receipt   |
| Mailing Address 4115 TRISTEN AV   |                                     | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| FORT GRATIOT  | MI                                  | 48059   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.138430</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| CHRYSLER LLC  | FACTORY WORKER                      | <input type="text" value="180.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="480.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="580.00"/> |
| <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 55 OF 113  
(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. CHARLES SUTTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 WASHINGTON ST  
 City MOUNT CLEMENS State MI Zip Code 48043-1603  
 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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138624**  
 Amount of Each Receipt this Period  
 180.00

**B. KRISTA SZAFRANSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 01047 9326 FOLEY CROSSING  
 City FENTON State MI Zip Code 48430-9369  
 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 ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : SA11AI.138209**  
 Amount of Each Receipt this Period  
 75.00

**C. TIMOTHY TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4333 SULGRAVE  
 City SWARTZ CREEK State MI Zip Code 48473  
 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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138544**  
 Amount of Each Receipt this Period  
 180.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**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 56 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DEBORAH THOMAS</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 26 / 2014<br><b>Transaction ID : SA11AI.138409</b> |
| Mailing Address 6829 ORANGE LN  |                                    | Amount of Each Receipt this Period<br>10.00  |
| City<br>FLINT   | State<br>MI                        | Zip Code<br>48505  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>GENERAL MOTORS CORPORATION  | Occupation<br>FACTORY WORKER       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DEBORAH THOMAS</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 27 / 2014<br><b>Transaction ID : SA11AI.138521</b> |
| Mailing Address 6829 ORANGE LN  |                                    | Amount of Each Receipt this Period<br>5.00   |
| City<br>FLINT   | State<br>MI                        | Zip Code<br>48505  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>GENERAL MOTORS CORPORATION  | Occupation<br>FACTORY WORKER       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JAMAL TURNER</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 26 / 2014<br><b>Transaction ID : SA11AI.138328</b> |
| Mailing Address 12740 GRAYFIELD   |                                    | Amount of Each Receipt this Period<br>45.00  |
| City<br>DETROIT   | State<br>MI                        | Zip Code<br>48223  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>CHRYSLER LLC  | Occupation<br>FACTORY WORKER       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 6942 HEIGHTS RAVENNA RD

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>FRUITPORT | State<br>MI | Zip Code<br>49415-8666 |
|-------------------|-------------|------------------------|

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

|                  |                       |
|------------------|-----------------------|
| Name of Employer | Occupation<br>RETIRED |
|------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2014  
**Transaction ID : SA11Al.138651**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 5882 NW 62ND AVE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>OCALA | State<br>FL | Zip Code<br>34482-2613 |
|---------------|-------------|------------------------|

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

|                  |                       |
|------------------|-----------------------|
| Name of Employer | Occupation<br>RETIRED |
|------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11Al.138654**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 401 4TH ST

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>HANOVER | State<br>PA | Zip Code<br>17331-2123 |
|-----------------|-------------|------------------------|

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

|                  |                       |
|------------------|-----------------------|
| Name of Employer | Occupation<br>RETIRED |
|------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11Al.138091**

Amount of Each Receipt this Period  
 300.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 58 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2492 N. 600 E.

City State Zip Code  
 KOKOMO IN 46901

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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138186**

Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**B. SANDRA WATKINS**

Mailing Address 4406 HUNT CLUB DRIVE,APT 1B

City State Zip Code  
 YPSILANTI MI 48197

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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138441**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 5113 COVENTRY PKWY # B25

City State Zip Code  
 FORT WAYNE IN 46804-7119

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 ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11Al.138495**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 59 OF 113  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. BOBBIE WEATHERFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3084 S GENESEE RD  
 City BURTON State MI Zip Code 48519-1420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.138210**  
 Amount of Each Receipt this Period  
 20.00

**B. BOBBIE WEATHERFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3084 S GENESEE RD  
 City BURTON State MI Zip Code 48519-1420  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.138211**  
 Amount of Each Receipt this Period  
 10.00

**C. JANET WESTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 392  
 City BELLEVIEW State FL Zip Code 34421-0392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11AI.138384**  
 Amount of Each Receipt this Period  
 300.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 330.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 113               |
|   | <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             | <input type="checkbox"/> 17  |

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

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

Mailing Address PO BOX 1302

City FRANKLIN State VA Zip Code 23851-9679

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

Name of Employer KRAFT FOODS, INC Occupation FACTORY WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
06 / 17 / 2014  
Transaction ID : SA11AI.138093

Amount of Each Receipt this Period  
81.25

**B. JAMES WIDEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2333 MARBURY WAY

City O FALLON State MO Zip Code 63366

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 ▼ 350.00

Date of Receipt  
06 / 26 / 2014  
Transaction ID : SA11AI.138602

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2333 MARBURY WAY

City O FALLON State MO Zip Code 63366

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 ▼ 400.00

Date of Receipt  
06 / 27 / 2014  
Transaction ID : SA11AI.138181

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 231.25

**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 61 OF 113               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. CARL WOODS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17600 PLAINVIEW

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>DETROIT | State<br>MI | Zip Code<br>48219 |
|-----------------|-------------|-------------------|

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

|                                  |                              |
|----------------------------------|------------------------------|
| Name of Employer<br>CHRYSLER LLC | Occupation<br>FACTORY WORKER |
|----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 26    | / | 2014        |

**Transaction ID : SA11Al.138511**

Amount of Each Receipt this Period  
180.00

**B. DAVID YOUNGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30851 NORTH RIVER RD

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>HARRISON TWP | State<br>MI | Zip Code<br>48045 |
|----------------------|-------------|-------------------|

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

|                                  |                              |
|----------------------------------|------------------------------|
| Name of Employer<br>CHRYSLER LLC | Occupation<br>FACTORY WORKER |
|----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 26    | / | 2014        |

**Transaction ID : SA11Al.138348**

Amount of Each Receipt this Period  
180.00

**C. ROBERT ZELLERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104 STANLEY RD

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>PLAINFIELD | State<br>IN | Zip Code<br>46168-2349 |
|--------------------|-------------|------------------------|

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>PENSKE CORPORATION | Occupation<br>FACTORY WORKER |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 06    | / | 2014        |

**Transaction ID : SA11Al.138298**

Amount of Each Receipt this Period  
300.00

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 660.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 25999.24 |

**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 62 OF 113                         |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16            |
|   |                              |                                   | <input checked="" type="checkbox"/> 17 |

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

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JPMORGAN CHASE</b>   |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : SA17.138655</b>   |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="372.87"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             | INTEREST ON CHECKING  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1651.96"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JPMORGAN CHASE</b>   |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : SA17.138658</b>   |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="3.43"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             | INTEREST ON CHECKING  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1655.39"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JPMORGAN CHASE</b>   |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : SA17.138661</b>   |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="76.97"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼             | INTEREST ON CHECKING  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1732.36"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="453.27"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |                              |                                   |  |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 63 OF 113                         |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16            |
|   |                              |                                   | <input checked="" type="checkbox"/> 17 |

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

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JPMORGAN CHASE</b>   |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : SA17.138664</b>   |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="16.28"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼             | INTEREST ON CHECKING  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1748.64"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JPMORGAN CHASE</b>   |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : SA17.138656</b>   |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="387.96"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             | INTEREST ON CHECKING  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2136.60"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JPMORGAN CHASE</b>   |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : SA17.138659</b>   |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="3.55"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             | INTEREST ON CHECKING  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2140.15"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="407.79"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |                              |                                   |  |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 64 OF 113                         |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16            |
|   |                              |                                   | <input checked="" type="checkbox"/> 17 |

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

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JPMORGAN CHASE</b>                       |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.                                |                                      | <b>Transaction ID : SA17.138662</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="74.29"/>  |
| Name of Employer  |                                      | INTEREST ON CHECKING  |
| Occupation  |                                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="2214.44"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                      |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JPMORGAN CHASE</b>                       |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.                                |                                      | <b>Transaction ID : SA17.138665</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="9.15"/>   |
| Name of Employer  |                                      | INTEREST ON CHECKING  |
| Occupation  |                                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="2223.59"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                      |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JPMORGAN CHASE</b>                       |                                      | Date of Receipt   |
| Mailing Address 611 WOODWARD  |                                      | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| DETROIT   | MI                                   | 48226   |
| FEC ID number of contributing federal political committee.                                |                                      | <b>Transaction ID : SA17.138657</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="373.18"/>   |
| Name of Employer  |                                      | INTEREST ON CHECKING  |
| Occupation  |                                      |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="2596.77"/> |   |
| <input type="checkbox"/> Other (specify) ▼  |                                      |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="456.62"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |



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

|   |                              |                                   |  |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 65 OF 113                         |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16            |
|   |                              |                                   | <input checked="" type="checkbox"/> 17 |

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

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

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>DETROIT | State<br>MI | Zip Code<br>48226 |
|-----------------|-------------|-------------------|

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.20

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 30    |   | 2014        |

**Transaction ID : SA17.138660**

Amount of Each Receipt this Period  
3.43

INTEREST ON CHECKING

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

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>DETROIT | State<br>MI | Zip Code<br>48226 |
|-----------------|-------------|-------------------|

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2665.87

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 30    |   | 2014        |

**Transaction ID : SA17.138663**

Amount of Each Receipt this Period  
65.67

INTEREST ON CHECKING

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

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>DETROIT | State<br>MI | Zip Code<br>48226 |
|-----------------|-------------|-------------------|

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2674.73

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 30    |   | 2014        |

**Transaction ID : SA17.138666**

Amount of Each Receipt this Period  
8.86

INTEREST ON CHECKING

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 77.96   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1395.64 |

**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 66 OF 113                         |
| <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 |
|   |                              |                                   | <input type="checkbox"/> 17            |

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

**A. ANDREWS FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 523 RICHEY AVENUE  
City COLLINGSWOOD State NJ Zip Code 08108  
FEC ID number of contributing federal political committee. **C** C00243428  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 16 / 2014  
**Transaction ID : SA16.138669**  
Amount of Each Receipt this Period  
500.00  
REFUND FROM CK#33463 DTD 5/15/13

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 500.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ADELMAN VACATIONS**

Mailing Address 11457 OLIVE BLVD.

City ST. LOUIS State MO Zip Code 63141

Purpose of Disbursement  
R5 V-CAP CRUISE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 01    |   | 2014      |

**Transaction ID : SB21B.137892**

Amount of Each Disbursement this Period

|         |
|---------|
| 4742.04 |
|---------|

Full Name (Last, First, Middle Initial)

**B. AMERICAN TIME MANUFACTURING, LTD.**

Mailing Address 1600 NORTH CLINTON AVE.

City ROCHESTER State NY Zip Code 14621

Purpose of Disbursement  
VCAP WATCHES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 07    |   | 2014      |

**Transaction ID : SB21B.137894**

Amount of Each Disbursement this Period

|         |
|---------|
| 3310.92 |
|---------|

Full Name (Last, First, Middle Initial)

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

Mailing Address 1600 NORTH CLINTON AVE.

City ROCHESTER State NY Zip Code 14621

Purpose of Disbursement  
VCAP WATCHES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 12    |   | 2014      |

**Transaction ID : SB21B.137903**

Amount of Each Disbursement this Period

|         |
|---------|
| 6219.37 |
|---------|

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

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

|          |
|----------|
| 14272.33 |
|----------|

|  |
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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

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

Mailing Address 1600 NORTH CLINTON AVE.

City ROCHESTER State NY Zip Code 14621

Purpose of Disbursement REPAIR/REPLACE/CLEAN VCAP

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.137909

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 5 | . | 7 | 1 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. AT&T MOBILITY**

Mailing Address PO BOX 9004

City CAROL STREAM State IL Zip Code 60197-9004

Purpose of Disbursement CAMPAIGN PHONES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.137891

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 0 | 3 | 3 | . | 9 | 9 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. AT&T MOBILITY**

Mailing Address PO BOX 9004

City CAROL STREAM State IL Zip Code 60197-9004

Purpose of Disbursement 50 CAMPAIGN PHONES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 9 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.137901

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 0 | 7 | 8 | . | 2 | 7 |
|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | 1 | 3 | 7 | . | 9 | 7 |
|---|---|---|---|---|---|---|

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AT&T MOBILITY**

Mailing Address PO BOX 9004

City CAROL STREAM State IL Zip Code 60197-9004

Purpose of Disbursement  
CAMPAIGN PHONES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : SB21B.137912

Amount of Each Disbursement this Period

942.72

Full Name (Last, First, Middle Initial)

**B. BEVERLEY BRAKEMAN**

Mailing Address 111 SOUTH ROAD

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement  
REIMBURSEMENT FOR VCAP PRIZES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : SB21B.137893

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

**C. BEVERLEY BRAKEMAN**

Mailing Address 111 SOUTH ROAD

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement  
REIMBURSEMENT FOR VCAP PRIZES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SB21B.137907

Amount of Each Disbursement this Period

500.00

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

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

1992.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP SHIRTS/CAPS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2014

Transaction ID : **SB21B.137888**

Amount of Each Disbursement this Period

5207.61

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP CAR MATS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2014

Transaction ID : **SB21B.137889**

Amount of Each Disbursement this Period

10000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP SHIRTS/JACKETS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : **SB21B.137895**

Amount of Each Disbursement this Period

7269.71

Category/  
Type

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

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

22477.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP DIAMOND CLUB GIFTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2014

**Transaction ID : SB21B.137896**

Amount of Each Disbursement this Period

10825.00

Full Name (Last, First, Middle Initial)

**B. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP POLO SHIRTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2014

**Transaction ID : SB21B.137897**

Amount of Each Disbursement this Period

128.67

Full Name (Last, First, Middle Initial)

**C. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP POLO SHIRTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2014

**Transaction ID : SB21B.137898**

Amount of Each Disbursement this Period

82.15

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

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

11035.82

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
SHIRTS & JACKETS FOR V-CAP

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2014

Transaction ID : SB21B.137899

Amount of Each Disbursement this Period

865.93

Full Name (Last, First, Middle Initial)

**B. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
V-CAP POLOS/WINDSHIRTS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2014

Transaction ID : SB21B.137900

Amount of Each Disbursement this Period

125.61

Full Name (Last, First, Middle Initial)

**C. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
SHIRTS/JACKETS/V-CAP

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SB21B.137902

Amount of Each Disbursement this Period

2491.70

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

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

3483.24



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP DIAMOND CLUB

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 2 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : SB21B.137905**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 9 | 4 | 4 | 3 | . | 9 | 8 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP CAR MATS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 2 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : SB21B.137908**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. CUSTOM PROMOTIONS, INC.**

Mailing Address 17520 W. TWELVE MILE RD.  
#210

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
VCAP CAR MATS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : SB21B.137911**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 9 | 4 | 4 | . | 9 | 8 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DAN RODGERS SPORTING GOODS**

Mailing Address 5340 MONROE STREET

City TOLEDO State OH Zip Code 43623

Purpose of Disbursement  
VCAP PLATINUM CLUB JACKET

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SB21B.137904

Amount of Each Disbursement this Period

280.88

Full Name (Last, First, Middle Initial)

**B. DAN RODGERS SPORTING GOODS**

Mailing Address 5340 MONROE STREET

City TOLEDO State OH Zip Code 43623

Purpose of Disbursement  
VCAP CLUB JACKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SB21B.137906

Amount of Each Disbursement this Period

7896.60

Full Name (Last, First, Middle Initial)

**C. IMAGE GROUP**

Mailing Address 1255 CORPORATE DR.  
PO BOX 1147

City HOLLAND State OH Zip Code 43528-1147

Purpose of Disbursement  
VCAP POLOS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SB21B.137910

Amount of Each Disbursement this Period

929.55

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

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

9107.03

95950.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. OHIO STATE UAW PAC COUNCIL**

Mailing Address 133 E. LIVINGSTON ROAD

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2014

**Transaction ID : SB22.137913**

Amount of Each Disbursement this Period

250000.00

Full Name (Last, First, Middle Initial)

**B. UAW MICHIGAN V-PAC**

Mailing Address 8000 E. JEFFERSON

City DETROIT State MI Zip Code 48214

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2014

**Transaction ID : SB22.137914**

Amount of Each Disbursement this Period

200000.00

Full Name (Last, First, Middle Initial)

**C. UAW MICHIGAN V-PAC**

Mailing Address 8000 E. JEFFERSON

City DETROIT State MI Zip Code 48214

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : SB22.137915**

Amount of Each Disbursement this Period

200000.00

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

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

650000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. WISCONSIN STATE PAC**

Mailing Address 680 BARCLAY BLVD

City State Zip Code  
LINCOLNSHIRE IL 60069

Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
06 / 25 / 2014

**Transaction ID : SB22.137916**

Amount of Each Disbursement this Period

43128.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

43128.00

693128.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AGUILAR FOR CONGRESS**

Mailing Address PO BOX 10954

City State Zip Code  
SAN BERNARDINO CA 92423

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PETE AGUILAR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137933**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. AIMEE BELGARD FOR CONGRESS**

Mailing Address PO BOX 35

City State Zip Code  
WILLINGBORO NJ 08046

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**AIMEE BELGARD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138005**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. ALAN LOWENTHAL FOR CONGRESS**

Mailing Address 4320 ATLANTIC AVE., SUITE 125

City State Zip Code  
LONG BEACH CA 90807

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ALAN LOWENTHAL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 7 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137918**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALMA ADAMS FOR CONGRESS**

Mailing Address PO BOX 20622

City GREENSBORO State NC Zip Code 27420

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ALMA SHEALEY ADAMS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 12

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 30    |   | 2014      |

**Transaction ID : SB23.138000**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. ANN CALLIS FOR CONGRESS**

Mailing Address 517 CHAPMAN ST

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ANN CALLIS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 07    |   | 2014      |

**Transaction ID : SB23.137969**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. APPEL FOR IOWA**

Mailing Address PO BOX 702

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**STACI APPEL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 01    |   | 2014      |

**Transaction ID : SB23.137963**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

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

|         |
|---------|
| 9500.00 |
|---------|

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. APPEL FOR IOWA**

Mailing Address PO BOX 702

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**STACI APPEL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137964**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. BARBARA LEE FOR CONGRESS**

Mailing Address 1127 11TH STREET, 225

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BARBARA LEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137940**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**AMERISH BERA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137941**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BOCK FOR CONGRESS**

Mailing Address PO BOX 582

City SOUTH BEND State IN Zip Code 46624

Purpose of Disbursement CONTRIBUTION

Candidate Name **JOSEPH BOCK**

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

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : SB23.137976**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BONAMICI FOR CONGRESS**

Mailing Address 3321 SE 20TH AVE

City PORTLAND State OR Zip Code 97202

Purpose of Disbursement CONTRIBUTION

Candidate Name **SUZANNE BONAMICI**

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

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : SB23.138014**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BRIDGE PAC**

Mailing Address PO BOX 1021

City MENOMINEE State MI Zip Code 49858

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : SB23.137951**

Amount of Each Disbursement this Period

5000.00

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

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

11000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CANNON FOR CONGRESS**

Mailing Address PO BOX 954

City TRVERSE CITY State MI Zip Code 49685

Purpose of Disbursement CONTRIBUTION

Candidate Name

**JERRY CANNON**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: MI District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137984**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR MICHAEL WAGER**

Mailing Address PO BOX 779

City CHAGRIN FALLS State OH Zip Code 44022

Purpose of Disbursement CONTRIBUTION

Candidate Name

**MICHAEL WAGER**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: OH District: 14

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138013**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT PAUL CLEMENTS**

Mailing Address 2517 BROADWAY AVE

City KALAMAZOO State MI Zip Code 49008

Purpose of Disbursement CONTRIBUTION

Candidate Name

**PAUL COLIN CLEMENTS**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: MI District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137987**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CONGRESSIONAL BLACK CAUCUS PAC**

Mailing Address 1701 PENNSYLVANIA NW #960

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : **SB23.137954**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CONNECTICUT DEMOCRATIC STATE**

Mailing Address 179 ALLYN STREET  
SUITE 301

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : **SB23.137947**

Amount of Each Disbursement this Period

1500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. COURTNEY FOR CONGRESS**

Mailing Address PO BOX 1372

City VERNON State CT Zip Code 06066

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOSEPH D COURTNEY**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : **SB23.137948**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

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

11500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DCCC**

Mailing Address 430 SOUTH CAPITOL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2014

**Transaction ID : SB23.137950**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF ILLINOIS**

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

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : SB23.137968**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC PARTY OF WISCONSIN**

Mailing Address 222 STATE STREET, SUITE 400

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : SB23.138026**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DONALD NORCROSS FOR CONGRESS**

Mailing Address PO BOX 160

City COLLINGSWOOD State NJ Zip Code 08108

Purpose of Disbursement CONTRIBUTION

Candidate Name

**DONALD W NORCROSS**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB23.138002**

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. DONALD NORCROSS FOR CONGRESS**

Mailing Address PO BOX 160

City COLLINGSWOOD State NJ Zip Code 08108

Purpose of Disbursement CONTRIBUTION

Candidate Name

**DONALD W NORCROSS**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼  
Special-Primary

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB23.138003**

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement CONTRIBUTION

Candidate Name

**RAUL DR RUIZ**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB23.137932**

Amount of Each Disbursement this Period

1000.00

Category/Type

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

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

11000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ENYART FOR CONGRESS**

Mailing Address P.O. BOX 308

City State Zip Code  
BELLEVILLE IL 62222

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**WILLIAM L. JR. ENYART**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: IL District: 12

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137971**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. ERIN BILBRAY FOR CONGRESS**

Mailing Address 7161 S. EASTERN AVENUE, SUITE A

City State Zip Code  
LAS VEGAS NV 89119

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ERIN BILBRAY KOHN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: NV District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138007**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF BENNIE THOMPSON**

Mailing Address PO BOX 100

City State Zip Code  
BOLTON MS 39041

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**BENNIE G THOMPSON**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: MS District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137995**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement CONTRIBUTION

Candidate Name ELIZABETH ESTY

Office Sought:  House  Senate  President  
State: CT District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) Convention

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : SB23.137946

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address 501 CAPITOL COURT NE SUITE 100

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CONTRIBUTION

Candidate Name JAMES E CLYBURN

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : SB23.138020

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARROW**

Mailing Address 2141 WEST BROAD STREET SUITE B

City ATHENS State GA Zip Code 30606

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN J BARROW

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : SB23.137959

Amount of Each Disbursement this Period

1000.00

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

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

10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LOIS G CAPPS**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : SB23.137936**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARK WARNER**

Mailing Address 2034 EISENHOWER AVENUE, SUITE 222

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARK ROBERT WARNER**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : SB23.138022**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF RENTERIA**

Mailing Address P.O. BOX 655

City State Zip Code  
SANGER CA 93657

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**AMANDA RENTERIA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 21

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB23.137928**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ROSA DELAURO**

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

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ROSA DELAURO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 19    |   | 2014      |

**Transaction ID : SB23.137949**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. GARAMENDI FOR CONGRESS**

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN GARAMENDI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 07    |   | 2014      |

**Transaction ID : SB23.137919**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. GERRY CONNOLLY FOR CONGRESS**

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GERRY CONNOLLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 19    |   | 2014      |

**Transaction ID : SB23.138023**

Amount of Each Disbursement this Period

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

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

|         |
|---------|
| 4500.00 |
|---------|

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

|  |
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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GLEN GAINER FOR CONGRESS**

Mailing Address PO BOX 351

City PARKERSBURG State WV Zip Code 26102

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GLEN III GAINER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138027**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. GLEN GAINER FOR CONGRESS**

Mailing Address PO BOX 351

City PARKERSBURG State WV Zip Code 26102

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GLEN III GAINER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138031**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. GRAHAM FOR CONGRESS**

Mailing Address PO BOX 310

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement  
GWEN GRAHAM

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137956**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HAGAN FOR US SENATE INC**

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**KAY R HAGAN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 30    |   | 2014      |

**Transaction ID : SB23.137998**

Amount of Each Disbursement this Period

|          |
|----------|
| 5,000.00 |
|----------|

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 2884

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**STENY HAMILTON HOYER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 07    |   | 2014      |

**Transaction ID : SB23.137983**

Amount of Each Disbursement this Period

|          |
|----------|
| 5,000.00 |
|----------|

Full Name (Last, First, Middle Initial)

**C. INDIANA DEMOCRAT CONGRESSIONAL VICTORY**

Mailing Address ONE N. CAPITOL AVE.

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 04    |   | 2014      |

**Transaction ID : SB23.137974**

Amount of Each Disbursement this Period

|          |
|----------|
| 5,000.00 |
|----------|

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

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

|           |
|-----------|
| 15,000.00 |
|-----------|

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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JARED HUFFMAN FOR CONGRESS**

Mailing Address PO BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JARED HUFFMAN**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 12    |   | 2014      |

**Transaction ID : SB23.137938**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. JOHN TIERNEY FOR CONGRESS**

Mailing Address PO BOX 8013

City SALEM State MA Zip Code 01970

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOHN F TIERNEY**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 12    |   | 2014      |

**Transaction ID : SB23.137982**

Amount of Each Disbursement this Period

|         |
|---------|
| 4500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. JUDY CHU FOR CONGRESS**

Mailing Address 1531 PURDUE AVE.

City LOS ANGELES State CA Zip Code 90025

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JUDY CHU**

Office Sought:  House  
 Senate  
 President  
State: CA District: 32

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 12    |   | 2014      |

**Transaction ID : SB23.137939**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 6500.00 |
|---------|

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

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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JULIA BROWNLEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137944**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. KAREN BASS FOR CONGRESS**

Mailing Address 777 S. FIGUEROA ST.  
#4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement  
UNCASHED CONTRIBUTION CHECK

Candidate Name

**KAREN BASS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138672**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. KEEP NICK RAHALL IN CONGRESS COMMITTEE**

Mailing Address 1301 DELAWARE AVENUE SW  
#N409

City WASHINGTON State DC Zip Code 20024-3913

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NICK JOE J II RAHALL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138033**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LAVALLEE FOR CONGRESS**

Mailing Address PO BOX 1801

City CRANBERRY TWP State PA Zip Code 16066

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**DANIEL LAVALLEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : SB23.138017**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. LEE ROGERS FOR CONGRESS**

Mailing Address 118 CHESTNUT PLACE

City FULLERTON State CA Zip Code 92832

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LEE C. ROGERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB23.137926**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LEVIN FOR CONGRESS COMMITTEE**

Mailing Address 436 NEW JERSY AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SANDER M MR LEVIN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : SB23.137988**

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LOEBSACK FOR CONGRESS**

Mailing Address 385 EAST COLLEGE ST.

City IOWA CITY State IA Zip Code 52314

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**DAVID WAYNE LOEBSACK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137966**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 3415 S SEPULVEDA BLVD  
SUITE 640

City LOS ANGELES State CA Zip Code 90034

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LUCILLE ROYBAL-ALLARD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137934**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. MARC PAC**

Mailing Address 6 E STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 4 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137953**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |





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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MOWRER FOR IOWA**

Mailing Address PO BOX 9

City BOONE State IA Zip Code 50036

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JIM MOWRER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137962**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**B. MOWRER FOR IOWA**

Mailing Address PO BOX 9

City BOONE State IA Zip Code 50036

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JIM MOWRER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137965**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**C. NADLER FOR CONGRESS**

Mailing Address 18 EAST 16TH STREET, SUITE 401

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JERROLD L MR. NADLER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138011**

Amount of Each Disbursement this Period

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

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NATALIE TENNANT FOR SENATE**

Mailing Address PO BOX 1063

City CHARLESTON State WV Zip Code 25324

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NATALIE TENNANT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138029**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. NATALIE TENNANT FOR SENATE**

Mailing Address PO BOX 1063

City CHARLESTON State WV Zip Code 25324

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NATALIE TENNANT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138030**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. NICK CASEY FOR CONGRESS**

Mailing Address PO BOX 1311

City CHARLESTON State WV Zip Code 25325

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GEORGE NICHOLAS JR CASEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138028**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NICK CASEY FOR CONGRESS**

Mailing Address PO BOX 1311

City CHARLESTON State WV Zip Code 25325

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GEORGE NICHOLAS JR CASEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138032**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. NORMA TORRES FOR CONGRESS**

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NORMA TORRES**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137930**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. NUNN FOR SENATE INC**

Mailing Address PO BOX 78936

City ATLANTA State GA Zip Code 30357

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARY MICHELLE NUNN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 7 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137961**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAC FOR A CHANGE**

Mailing Address C/O KIMBALL STROUD  
422 C STREET, NE, LOWER LEVEL

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
UNCASHED CONTRIBUTION CHECK

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : SB23.138673**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**FRANK JR PALLONE**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2014

**Transaction ID : SB23.138004**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PAM BYRNES FOR CONGRESS**

Mailing Address PO BOX 485

City DEXTER State MI Zip Code 48130

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PAM BYRNES**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2014

**Transaction ID : SB23.137985**

Amount of Each Disbursement this Period

5000.00

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAUL TONKO FOR CONGRESS**

Mailing Address 706 MADISON AVE

City ALBANY State NY Zip Code 12208

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PAUL DAVID TONKO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 12    | / | 2014      |

**Transaction ID : SB23.138010**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PATTY MURRAY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 17    | / | 2014      |

**Transaction ID : SB23.138024**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. PETERS FOR MICHIGAN**

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GARY PETERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 23    | / | 2014      |

**Transaction ID : SB23.137989**

Amount of Each Disbursement this Period

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

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

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

|         |
|---------|
| 7000.00 |
|---------|

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PETERS FOR MICHIGAN**

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement CONTRIBUTION

Candidate Name

**GARY PETERS**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MI District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 3 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : SB23.137990**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. PETERSON FOR CONGRESS**

Mailing Address PO BOX 265

City DETROIT LAKES State MN Zip Code 56502

Purpose of Disbursement CONTRIBUTION

Candidate Name

**COLLIN C PETERSON**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MN District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 3 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : SB23.137993**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. 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:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: AZ District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 7 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : SB23.137917**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBIN KELLY FOR CONGRESS**

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ROBIN KELLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 12    |   | 2014      |

**Transaction ID : SB23.137973**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. RON LEACH FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 647

City BRANDENBURG State KY Zip Code 40108

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**RONALD ALLEN LEACH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 07    |   | 2014      |

**Transaction ID : SB23.137981**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. RUDY HOBBS FOR CONGRESS**

Mailing Address PO BOX 442056

City DETROIT State MI Zip Code 48244

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**RUDY HOBBS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 26    |   | 2014      |

**Transaction ID : SB23.137992**

Amount of Each Disbursement this Period

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

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

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

|          |
|----------|
| 10500.00 |
|----------|

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Mailing Address PO BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JANICE D SCHAKOWSKY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 7 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137970**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. SCHIFF FOR CONGRESS**

Mailing Address 150 EAST CORSON STREET

City PASADENA State CA Zip Code 91103

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ADAM SCHIFF**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137942**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER FOR CONGRESS**

Mailing Address 487 MEADOWLARK DRIVE

City SARASOTA State FL Zip Code 34236

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BRADLEY SCOTT SCHNEIDER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137972**

Amount of Each Disbursement this Period

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

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SCOTT PETERS FOR CONGRESS**

Mailing Address 4715 VIEWRIDGE AVE., SUITE 150

City SAN DIEGO State CA Zip Code 92123

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SCOTT PETERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 28    |   | 2014      |

**Transaction ID : SB23.137931**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. SEAN ELDRIDGE FOR CONGRESS**

Mailing Address PO BOX 4113

City KINGSTON State NY Zip Code 12402

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SEAN ELDRIDGE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 12    |   | 2014      |

**Transaction ID : SB23.138009**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. SWALWELL FOR CONGRESS**

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ERIC MICHAEL SWALWELL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 12    |   | 2014      |

**Transaction ID : SB23.137935**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TRIVEDI FOR CONGRESS**

Mailing Address PO BOX 346

City ELVERSON State PA Zip Code 19520

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MANAN TRIVEDI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.138019**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. VARGAS FOR CONGRESS**

Mailing Address 330 ENCINITAS BLVD., SUITE 101

City ENCINITAS State CA Zip Code 92024

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JUAN C. VARGAS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 2 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137937**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. WALSH FOR MONTANA**

Mailing Address PO BOX 1724

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN E WALSH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137997**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. WENDY GREUEL FOR CONGRESS**

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**WENDY J GREUEL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137922**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. WORKING FAMILIES PARTY**

Mailing Address 88 THIRD AVE, 4TH FLOOR

City BROOKLYN State NY Zip Code 11217

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB23.137945**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. YARMUTH FOR CONGRESS**

Mailing Address 1815 BROWNSBORO ROAD

City LOUISVILLE State KY Zip Code 40202

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN A MR YARMUTH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.137977**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 7 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. COMMITTEE TO ELECT DONALD H. COOKMAN</b>                                 |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 01 / 2014 |
| Mailing Address 101 WIRGMAN HILL  |  | <b>Transaction ID : SB29.138048</b>                      |
| City<br>ROMNEY  | State<br>WV  |  |
| Purpose of Disbursement<br>CAMPAIGN CONTRIBUTION  |  | Amount of Each Disbursement this Period<br>1000.00       |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:  | District:  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DAN POLING FOR WV</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 01 / 2014 |
| Mailing Address 1007 STAR AVENUE  |  | <b>Transaction ID : SB29.138051</b>                      |
| City<br>PARKERSBURG   | State<br>WV  |  |
| Purpose of Disbursement<br>CAMPAIGN CONTRIBUTION  |  | Amount of Each Disbursement this Period<br>1000.00       |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:  | District:  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FRIENDS OF HEATHER MARSHALL 2014</b>                                     |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 01 / 2014 |
| Mailing Address PO BOX 2675   |  | <b>Transaction ID : SB29.138040</b>                      |
| City<br>MARTINSBURG   | State<br>WV  |  |
| Purpose of Disbursement<br>CAMPAIGN CONTRIBUTION  |  | Amount of Each Disbursement this Period<br>250.00        |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:  | District:  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 2250.00 |
| <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 type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KRISTIN LOKEN**

Mailing Address PO BOX 282

City FALLING WATERS State WV Zip Code 25419

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

**Transaction ID : SB29.138042**

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LAYNE DIEHL**

Mailing Address 936 TAILSMAN DRIVE

City MARTINSBURG State WV Zip Code 25403

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

**Transaction ID : SB29.138046**

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. LONE STAR PAC**

Mailing Address 6 E. STRET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION/NON FEDERAL ACCT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

**Transaction ID : SB29.138053**

Amount of Each Disbursement this Period

25000.00

Category/  
Type

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

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

25500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LUTZ FOR LEGISLATURE**

Mailing Address 175 WHEATLAND ROAD

City CHARLES TOWN State WV Zip Code 25414

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB29.138044

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. MILEY FOR WV**

Mailing Address 230 WEST PIKE STREET  
SUITE 205

City CLARKSBURG State WV Zip Code 26301

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB29.138050

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. SKINNER FOR WV**

Mailing Address PO BOX 366

City SHEPHERDSTOWN State WV Zip Code 25443

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB29.138037

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 17    | / | 2014      |

Mailing Address 1341 W MOCKINGBIRD LN STE 310W

**Transaction ID : SB29.138052**

City State Zip Code  
DALLAS TX 75247

Amount of Each Disbursement this Period

|          |
|----------|
| 50000.00 |
|----------|

Purpose of Disbursement  
CONTRIBUTION

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. THE PEOPLE SUPPORT SENATOR JOHN UNGER**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    | / | 01    | / | 2014      |

Mailing Address 1022 WILLIAMSPORT PIKE

**Transaction ID : SB29.138036**

City State Zip Code  
MARTINSBURG WV 25404

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
CAMPAIGN COMMITTEE

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. TIFFANY LAWRENCE FOR WV**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    | / | 01    | / | 2014      |

Mailing Address 19 BALTIC LANE

**Transaction ID : SB29.138038**

City State Zip Code  
RANSON WV 25438

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

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

|          |
|----------|
| 51500.00 |
|----------|

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. UAW NORTH CAROLINA V-PAC**

Mailing Address 1005 NORTH POINT BOULEVARD  
SUITE 701

City BALTIMORE State MD Zip Code 21224

Purpose of Disbursement  
CAMPAIGN CONTRIBUTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2014

**Transaction ID : SB29.138034**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4000.00

84500.00