

**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. VAL DEMINGS FOR CONGRESS

Mailing Address P.O. BOX 536926

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement
CONTRIBUTION

Candidate Name

VALDEZ VAL DEMINGS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2012

Transaction ID : SB23.125350

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. VAL DEMINGS FOR CONGRESS

Mailing Address P.O. BOX 536926

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement
CONTRIBUTION

Candidate Name

VALDEZ VAL DEMINGS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SB23.125365

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VAN HOLLEN FOR CONGRESS

Mailing Address 3514 FARRAGUT AVENUE

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHRIS VAN HOLLEN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2012

Transaction ID : SB23.125405

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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