

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00002840 **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 04 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Elizabeth Bunn
Signature of Treasurer Electronically Filed by Elizabeth Bunn Date 06 26 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		11201508.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	12198927.30									
(c) Total Receipts (from Line 19)	1508507.68	3493368.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13707434.98	14694876.71								
7. Total Disbursements (from Line 31)	2655100.50	3642542.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11052334.48	11052334.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	29297.46	56878.46
(i) Itemized (use Schedule A)	1464281.65	3404098.03
(ii) Unitemized	1493579.11	3460976.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1493579.11	3460976.49
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	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	11928.57	29391.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1508507.68	3493368.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1508507.68	3493368.47

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	286250.50	566273.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	286250.50	566273.67
22. Transfers to Affiliated/Other Party Committees.....	100000.00	100000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	260350.00	696350.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	986.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	986.50
29. Other Disbursements.....	2008500.00	2278932.06
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2655100.50	3642542.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2655100.50	3642542.23

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1493579.11	3460976.49
34. Total Contribution Refunds (from Line 28(d))	0.00	986.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1493579.11	3459989.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	286250.50	566273.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	286250.50	566273.67

**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 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL AILES	Date of Receipt MM / DD / YYYY 06 / 07 / 2006
	Mailing Address 3809 W CR 1275N	Transaction ID: SA11AI.65657
	City State Zip Code MUNCIE IN 47303	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BORG WARNER FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) DEBRA ALEXANDER	Date of Receipt MM / DD / YYYY 06 / 08 / 2006
	Mailing Address 14612 BAHAMA AVE	Transaction ID: SA11AI.65199
	City State Zip Code COMPTON CA 90220	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENERAL MOTORS CORPORATION RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) KENNETH ALEXANDER	Date of Receipt MM / DD / YYYY 05 / 16 / 2006
	Mailing Address 6254 W. PEMBRIDGE	Transaction ID: SA11AI.65887
	City State Zip Code TOLEDO OH 43615	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 7 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
FRANK ANDREWS
 Mailing Address 3613 RIDGE RD
 City State Zip Code
 LOCKPORT NY 14094-9777
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 0 6
Transaction ID: SA11AI.65517
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENERAL MOTORS CORPORATION FACTORY WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

B. Full Name (Last, First, Middle Initial)
FRANK ANDREWS
 Mailing Address 3613 RIDGE RD
 City State Zip Code
 LOCKPORT NY 14094-9777
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 6 / 2 0 0 6
Transaction ID: SA11AI.65697
 Amount of Each Receipt this Period
 15.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENERAL MOTORS CORPORATION FACTORY WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

C. Full Name (Last, First, Middle Initial)
JEFFREY H ARMSTRONG
 Mailing Address 1011 HORIZON WAY
 City State Zip Code
 MARTINSBURG WV 25401-1029
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 0 6
Transaction ID: SA11AI.64898
 Amount of Each Receipt this Period
 2.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENERAL MOTORS CORPORATION FACTORY WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 306.00

SUBTOTAL of Receipts This Page (optional) ► 47.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
JEFFREY H ARMSTRONG

Mailing Address 1011 HORIZON WAY

City State Zip Code
MARTINSBURG WV 25401-1029

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 ▼ 308.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.64339

Amount of Each Receipt this Period
2.00

B.

Full Name (Last, First, Middle Initial)
ARLEN BANKS

Mailing Address 14612 BAHAMA AVE

City State Zip Code
COMPTON CA 90220

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2006

Transaction ID: SA11AI.65608

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
VICTOR BEGIN

Mailing Address 13017 CLEARWOOD AVE

City State Zip Code
LA MIRADA CA 90638

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2006

Transaction ID: SA11AI.64668

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **602.00**

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 9 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL C BELSITO

Mailing Address 3641 ALLIUM DR

City State Zip Code
HOLT MI 48842

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

Name of Employer Occupation
UAW LOCAL UNION 652 LOCAL UNION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2006

Transaction ID: SA11AI.65983

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
MICHAEL C BELSITO

Mailing Address 3641 ALLIUM DR

City State Zip Code
HOLT MI 48842

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

Name of Employer Occupation
UAW LOCAL UNION 652 LOCAL UNION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2006

Transaction ID: SA11AI.65977

Amount of Each Receipt this Period
240.00

C. Full Name (Last, First, Middle Initial)
ROY DON BEVIS

Mailing Address 226 PENNSYLVANIA AVENUE

City State Zip Code
LEBANON TN 37087

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

Name of Employer Occupation
PEMCO AEROSPACE FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2006

Transaction ID: SA11AI.63659

Amount of Each Receipt this Period
300.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD K BLOME

Mailing Address 100 RICH DR

City State Zip Code
GURLEY AL 35748-9201

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11AI.63969

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
RICHARD K BLOME

Mailing Address 100 RICH DR

City State Zip Code
GURLEY AL 35748-9201

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.64662

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
RICHARD K BLOME

Mailing Address 100 RICH DR

City State Zip Code
GURLEY AL 35748-9201

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.63625

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD K BLOME

Mailing Address 100 RICH DR

City State Zip Code
GURLEY AL 35748-9201

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: SA11AI.64138

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
DANNY G BOWLING

Mailing Address 118 S MUNCIE ST

City State Zip Code
CAREY OH 43316-1120

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

Name of Employer Occupation
CUMMINS ENGINE CO FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: SA11AI.65298

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
DARRYL BRAGG

Mailing Address 5076 RAYMOND AVE

City State Zip Code
BURTON MI 48509-1932

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

Name of Employer Occupation
UAW LOCAL UNION 9699 LOCAL UNION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: SA11AI.63806

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.

Full Name (Last, First, Middle Initial)
HERBERT R BRAND JR

Mailing Address 119 WILLOW LANE

City State Zip Code
WAXAHACHIE TX 75165-9651

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

Name of Employer Occupation
LOCKHEED MARTIN CORPORATI- ON FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: SA11AI.64186

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
ROBERT BREEDLOVE

Mailing Address 9418 FARMSTEAD ROAD

City State Zip Code
LOUISVILLE KY 40291-3099

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2006

Transaction ID: SA11AI.63651

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
LO D BUI

Mailing Address 5445 W HIDDEN LAKE DR

City State Zip Code
EAST LANSING MI 48823-7251

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 ▼ 256.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2006

Transaction ID: SA11AI.65338

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional) ► **452.00**

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 13 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
LO D BUI

Mailing Address 5445 W HIDDEN LAKE DR

City EAST LANSING State MI Zip Code 48823-7251

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 ▼ 258.00

Date of Receipt: 06 / 06 / 2006
Transaction ID: SA11AI.64353
Amount of Each Receipt this Period: 2.00

B.

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

Mailing Address 7242 STAHELIN AVE

City DETROIT State MI Zip Code 48228-3308

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: 06 / 01 / 2006
Transaction ID: SA11AI.65974
Amount of Each Receipt this Period: 150.00

C.

Full Name (Last, First, Middle Initial)
JAMES H BUTLER

Mailing Address 1790 MURDOCK RD

City MARIETTA State GA Zip Code 30062-4829

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

Name of Employer Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 21 / 2006
Transaction ID: SA11AI.65895
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **352.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ROBERT CAMARA

Mailing Address 83 BARBERRY LANE ALT DIST

City State Zip Code
O FALLON MO 63366

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 ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.65036

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
ROBERT CAMARA

Mailing Address 83 BARBERRY LANE ALT DIST

City State Zip Code
O FALLON MO 63366

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 ▼ 535.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11AI.65178

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
PAUL J CARR

Mailing Address 2755 ELIZABETH LANE

City State Zip Code
WEST BLOOMFIELD MI 48324-2186

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 311.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11AI.63611

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional) ▶

327.00

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 15 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ARLETHA CARTER		Date of Receipt
	Mailing Address 1323 TECUMSEH		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2006
	City	State	Zip Code
	TOLEDO	OH	43607
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.65038
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.88	<input type="text"/> 80.78

B.	Full Name (Last, First, Middle Initial) CHRISTINA R CARTER		Date of Receipt
	Mailing Address 7404 LUNITAS LANE #2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2006
	City	State	Zip Code
	PERRYSBURG	OH	43551
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.65468
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.88	<input type="text"/> 80.78

C.	Full Name (Last, First, Middle Initial) ALVIN L CARTON		Date of Receipt
	Mailing Address 1816 LYONS ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 16 / 2006
	City	State	Zip Code
	SHREVEPORT	LA	71108-2308
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.63831
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	<input type="text"/> 84.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 245.56
TOTAL 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 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ALVIN L CARTHON

Mailing Address 1816 LYONS ST

City State Zip Code
SHREVEPORT LA 71108-2308

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11AI.65329

Amount of Each Receipt this Period
28.00

B. Full Name (Last, First, Middle Initial)
ALVIN L CARTHON

Mailing Address 1816 LYONS ST

City State Zip Code
SHREVEPORT LA 71108-2308

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

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

Transaction ID: SA11AI.64530

Amount of Each Receipt this Period
28.00

C. Full Name (Last, First, Middle Initial)
ALVIN L CARTHON

Mailing Address 1816 LYONS ST

City State Zip Code
SHREVEPORT LA 71108-2308

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 296.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.63832

Amount of Each Receipt this Period
28.00

SUBTOTAL of Receipts This Page (optional) ► 84.00

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 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4351 POST RAIL LN

City 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 ▼ 275.00

Date of Receipt: MM / DD / YYYY
04 / 04 / 2006

Transaction ID: SA11AI.64558

Amount of Each Receipt this Period: 50.00

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

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: MM / DD / YYYY
04 / 26 / 2006

Transaction ID: SA11AI.65074

Amount of Each Receipt this Period: 50.00

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

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 ▼ 400.00

Date of Receipt: MM / DD / YYYY
05 / 19 / 2006

Transaction ID: SA11AI.64206

Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DAVID 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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: SA11AI.64932

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 4351 POST RAIL LN

City State Zip Code
FRANKLIN OH 45005-4950

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

Name of Employer Occupation
MILLER BREWING FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.64037

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
ROY A 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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.65990

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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 19 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1423 MACINTOSH COURT

City AVON State IN Zip Code 46123

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

Name of Employer ACCURIDE CORP Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2006
Transaction ID: SA11AI.65571
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
PATRICIA CLARK

Mailing Address 2054 EAST WELLSVIEW ROAD

City CONNORSVILLE State IN Zip Code 47331

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

Name of Employer TOMPKINS Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2006
Transaction ID: SA11AI.64002
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
EVAN D CLEGHORN

Mailing Address 2141 GERALDINE ST

City PRESCOTT State MI Zip Code 48756-9352

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 06 / 07 / 2006
Transaction ID: SA11AI.65952
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MILDRED COLLETTE

Mailing Address 720 WEST 600 SOUTH

City ATLANTA State IN Zip Code 46031

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

Name of Employer GENERAL MOTORS CORP Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 10 / 2006
Transaction ID: SA11AI.65353
Amount of Each Receipt this Period: 300.00

B.

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

Mailing Address 2725 CLADIUS DR

City GRAND PRAIRIE State TX Zip Code 75052-7010

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

Name of Employer LOCKHEED MARTIN CORPORATI-ON Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 06 / 22 / 2006
Transaction ID: SA11AI.65052
Amount of Each Receipt this Period: 150.00

C.

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

Mailing Address 6946 CHRISTI LN

City NIAGARA FALLS State NY Zip Code 14304-3001

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 ▼ 260.07

Date of Receipt: 04 / 24 / 2006
Transaction ID: SA11AI.64185
Amount of Each Receipt this Period: 260.07

SUBTOTAL of Receipts This Page (optional) ► **710.07**

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

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

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

FOR LINE NUMBER: PAGE 21 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BRIAN CORNELIUS

Mailing Address 6946 CHRISTI LN

City State Zip Code
NIAGARA FALLS NY 14304-3001

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 ▼ 265.07

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.64359

Amount of Each Receipt this Period
5.00

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

Mailing Address 8566 HOLDEN RD

City State Zip Code
BARODA MI 49101

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.65975

Amount of Each Receipt this Period
300.00

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

Mailing Address 3802 STAR ISLAND DRIVE

City State Zip Code
HOLIDAY FL 34691

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.65688

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **605.00**

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 22 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DANNY R CROSS

Mailing Address 38 BRIDGEVIEW DR.

City State Zip Code
ELKTON MD 21921

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11AI.64527

Amount of Each Receipt this Period

15.00

B.

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

Mailing Address 801 DENTON DRIVE

City State Zip Code
EVLASS TX 76039

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

Name of Employer Occupation
RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: SA11AI.63821

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
ROBERT CUNNINGHAM

Mailing Address 801 WELLER AVENUE

City State Zip Code
HAMILTON OH 45015-1568

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

Name of Employer Occupation
PHILIP MORRIS FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 287.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11AI.64500

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

415.00

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 23 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT CUNNINGHAM	Date of Receipt MM / DD / YYYY 06 / 08 / 2006
	Mailing Address 801 WELLER AVENUE	Transaction ID: SA11AI.65110
	City State Zip Code HAMILTON OH 45015-1568	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHILIP MORRIS FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

B.	Full Name (Last, First, Middle Initial) ROBERT CUNNINGHAM	Date of Receipt MM / DD / YYYY 06 / 21 / 2006
	Mailing Address 801 WELLER AVENUE	Transaction ID: SA11AI.64247
	City State Zip Code HAMILTON OH 45015-1568	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHILIP MORRIS FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50	

C.	Full Name (Last, First, Middle Initial) MAURICE DAVISON	Date of Receipt MM / DD / YYYY 04 / 20 / 2006
	Mailing Address 5331 HOLLY SPRINGS DR E	Transaction ID: SA11AI.64177
	City State Zip Code INDIANAPOLIS IN 46254	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ROLLS ROYCE FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
GLENDA J DEERING

Mailing Address PO BOX 355

City State Zip Code
MARLETTE MI 48453-0355

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

Name of Employer Occupation
UAW LOCAL 9699 LOCAL UNION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: SA11AI.65403

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
IDA I DEHAAS

Mailing Address 3422 LAS VEGAS DR NE

City State Zip Code
BELMONT MI 49306-9657

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2006

Transaction ID: SA11AI.65981

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JAMES J DOOLITTLE

Mailing Address 4821 S MINER RD

City State Zip Code
CARSON CITY MI 48811

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

Name of Employer Occupation
UAW LOCAL UNION 652 LOCAL UNION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2006

Transaction ID: SA11AI.65987

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 195.00

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 25 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1704 N DUANE RD

City MUNCIE State IN Zip Code 47304-2646

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

Name of Employer BORG WARNER Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 22 / 2006

Transaction ID: SA11AI.64511

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
CARL DOWELL

Mailing Address 8512 BROOKSIDE DRIVE W

City PEWEE VALLEY State KY Zip Code 40056-9122

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 ▼ 300.00

Date of Receipt 05 / 25 / 2006

Transaction ID: SA11AI.65870

Amount of Each Receipt this Period 300.00

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

Mailing Address 3703 LASALLE DR

City ARLINGTON State TX Zip Code 76016-2930

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 ▼ 336.00

Date of Receipt 06 / 22 / 2006

Transaction ID: SA11AI.64523

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 26 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
HARVEY DURHAM

Mailing Address 1276 FIRST AVENUE

City State Zip Code
LAWRENCEBURG TN 38464

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

Name of Employer Occupation
MURRAY, INC. FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2006

Transaction ID: SA11AI.65816

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
RODERICK EASHOO

Mailing Address 10463 TWIN LAKES DR

City State Zip Code
OTISVILLE MI 48463-9756

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 ▼ 670.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2006

Transaction ID: SA11AI.65965

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
RODERICK EASHOO

Mailing Address 10463 TWIN LAKES DR

City State Zip Code
OTISVILLE MI 48463-9756

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 ▼ 700.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.65924

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LARRY W EDMONSON
Mailing Address 5277 FM ROAD 55
City BLOOMING GROVE State TX Zip Code 76626-9778
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 ▼ 263.50
Date of Receipt 06 / 09 / 2006
Transaction ID: SA11AI.65205
Amount of Each Receipt this Period 263.50

B. Full Name (Last, First, Middle Initial)
LARRY W EDMONSON
Mailing Address 5277 FM ROAD 55
City BLOOMING GROVE State TX Zip Code 76626-9778
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 ▼ 476.00
Date of Receipt 06 / 22 / 2006
Transaction ID: SA11AI.64360
Amount of Each Receipt this Period 212.50

C. Full Name (Last, First, Middle Initial)
JEFFREY A ELGERT
Mailing Address 37895 CIRCLE DR
City HARRISON TOWNSHIP State MI Zip Code 48045-2810
FEC ID number of contributing federal political committee. **C**
Name of Employer UAW LOCAL UNION 412 Occupation LOCAL UNION OFFICER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 244.00
Date of Receipt 05 / 01 / 2006
Transaction ID: SA11AI.65024
Amount of Each Receipt this Period 9.00

SUBTOTAL of Receipts This Page (optional) ► 485.00
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 28 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 JEFFREY A ELGERT
 Mailing Address 37895 CIRCLE DR
 City State Zip Code
 HARRISON TOWNSHIP MI 48045-2810
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 6
Transaction ID: SA11AI.65025
 Amount of Each Receipt this Period
 18.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UAW LOCAL UNION 412 LOCAL UNION OFFICER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 262.00

B. Full Name (Last, First, Middle Initial)
 JAMES ENGLAND
 Mailing Address 1461 CO RD 70
 City State Zip Code
 MOULTON AL 35650
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 6
Transaction ID: SA11AI.64892
 Amount of Each Receipt this Period
 600.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DELPHI CORPORATION FACTORY WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

C. Full Name (Last, First, Middle Initial)
 FRED FABI
 Mailing Address 19450 GULF BLVD #505
 City State Zip Code
 INDIAN SHORES FL 33785
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6
Transaction ID: SA11AI.65327
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 868.00
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 29 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANIEL L FAIRBANKS
Mailing Address 9526 ASH ST
City OVERLAND PARK State KS Zip Code 66207-3225
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 ▼ 755.00
Date of Receipt 04 / 27 / 2006
Transaction ID: SA11AI.65807
Amount of Each Receipt this Period 210.00

B. Full Name (Last, First, Middle Initial)
DANIEL L FAIRBANKS
Mailing Address 9526 ASH ST
City OVERLAND PARK State KS Zip Code 66207-3225
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 ▼ 965.00
Date of Receipt 06 / 06 / 2006
Transaction ID: SA11AI.65444
Amount of Each Receipt this Period 210.00

C. Full Name (Last, First, Middle Initial)
MARK FERRELL
Mailing Address 6534 SANTA ANA LANE
City INDIANAPOLIS State IN Zip Code 46214-3388
FEC ID number of contributing federal political committee. **C**
Name of Employer NAVISTAR Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 07 / 2006
Transaction ID: SA11AI.65370
Amount of Each Receipt this Period 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
LARRY FLUKE

Mailing Address 59327 WHITE CLOUD CIRCLE

City State Zip Code
SOUTH BEND IN 46614

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

Name of Employer Occupation
AM GENERAL FACTORY WORKER

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.65500

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
JAMES W FOSTER

Mailing Address 7300 MURKINS RD

City State Zip Code
KANSAS CITY MO 64133-7002

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 ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.65174

Amount of Each Receipt this Period

140.00

C.

Full Name (Last, First, Middle Initial)
JAMES W FOSTER

Mailing Address 7300 MURKINS RD

City State Zip Code
KANSAS CITY MO 64133-7002

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 ▼ 490.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.64675

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional) ▶

510.00

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 31 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ANTONIO FRANSETTA		Date of Receipt
	Mailing Address 12059 SUNSET POINT CT		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	WELLINGTON	FL	33414
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.65467
Name of Employer		Occupation	Amount of Each Receipt this Period
		RETIRED	<input type="text" value="132.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="232.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) SANDRA GATSON		Date of Receipt
	Mailing Address 1522 LAKECREST ST		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	GRAND PRAIRIE	TX	75051-3447
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.64856
Name of Employer		Occupation	Amount of Each Receipt this Period
GENERAL MOTORS CORPORATION		FACTORY WORKER	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) SANDRA GATSON		Date of Receipt
	Mailing Address 1522 LAKECREST ST		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	GRAND PRAIRIE	TX	75051-3447
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.63961
Name of Employer		Occupation	Amount of Each Receipt this Period
GENERAL MOTORS CORPORATION		FACTORY WORKER	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="425.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="232.00"/>
TOTAL 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 32 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RICHARD K GESKE

Mailing Address 6020 S ELAINE AVE

City CUDAHY State WI Zip Code 53110-2915

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 ▼ 400.00

Date of Receipt: 04 / 27 / 2006
Transaction ID: SA11AI.64822
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
RICHARD K GESKE

Mailing Address 6020 S ELAINE AVE

City CUDAHY State WI Zip Code 53110-2915

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 06 / 2006
Transaction ID: SA11AI.63921
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
TAMMY S GRAY

Mailing Address 863 BERRY STREET

City TOLEDO State OH Zip Code 43615

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt: 06 / 05 / 2006
Transaction ID: SA11AI.65700
 Amount of Each Receipt this Period: 80.78

SUBTOTAL of Receipts This Page (optional) ► 280.78

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 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVID GREGORY	Date of Receipt MM / DD / YYYY 06 / 02 / 2006
	Mailing Address 4895 E CO RD 600N	Transaction ID: SA11AI.64701
	City State Zip Code NEW CASTLE IN 47362	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLERCHRYSLER FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) ROBIA GRIER	Date of Receipt MM / DD / YYYY 06 / 05 / 2006
	Mailing Address 1121 PAXTON ST	Transaction ID: SA11AI.64004
	City State Zip Code TOLEDO OH 43608	Amount of Each Receipt this Period 80.78
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.88	

C.	Full Name (Last, First, Middle Initial) DOUGLAS R GRIMA	Date of Receipt MM / DD / YYYY 06 / 01 / 2006
	Mailing Address 9044 SATELITE DR	Transaction ID: SA11AI.65966
	City State Zip Code WHITE LAKE MI 48386-3360	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LEAR CORP FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	530.78
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SUSAN L HAMMAKER
Mailing Address 5905 BRYAN RD
City OREGON State OH Zip Code 43618
FEC ID number of contributing federal political committee. **C**
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.88
Date of Receipt 06 / 05 / 2006
Transaction ID: SA11AI.64006
Amount of Each Receipt this Period 80.78

B. Full Name (Last, First, Middle Initial)
TERRY J HARPER
Mailing Address 4800 SUGAR TREE CT
City ARLINGTON State TX Zip Code 76017-2350
FEC ID number of contributing federal political committee. **C**
Name of Employer LOCKHEED MARTIN CORPORATI-ON Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00
Date of Receipt 06 / 22 / 2006
Transaction ID: SA11AI.63624
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
CHARITY E HILL
Mailing Address 2468 TRACY RD
City NORTHWOOD State OH Zip Code 43619
FEC ID number of contributing federal political committee. **C**
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.88
Date of Receipt 06 / 05 / 2006
Transaction ID: SA11AI.63834
Amount of Each Receipt this Period 80.78

SUBTOTAL of Receipts This Page (optional) ► 311.56
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 / 130
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
JERRY W HILL

Mailing Address 6381 N 370 W

City State Zip Code
HUNTINGTON IN 46750-7735

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.64529

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
JERRY W HILL

Mailing Address 6381 N 370 W

City State Zip Code
HUNTINGTON IN 46750-7735

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 ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.63999

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
JERRY W HILL

Mailing Address 6381 N 370 W

City State Zip Code
HUNTINGTON IN 46750-7735

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 ▼ 320.00

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

Transaction ID: SA11AI.64706

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KENNETH HOLLAND

Mailing Address 7453 EAST 65TH STREET

City State Zip Code
INDIANAPOLIS IN 46256

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.64332

Amount of Each Receipt this Period
300.00

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

Mailing Address 5000 WOOD HILL COURT

City State Zip Code
CRESTWOOD KY 40014-9291

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: SA11AI.64872

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOSEPH E HRIBAR

Mailing Address 1833 REVERE PL

City State Zip Code
LORAIN OH 44053-3229

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.65424

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
VICTOR JACKSON

Mailing Address 1637 WINSOR WAY

City UPLAND State CA Zip Code 91784

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 06 / 08 / 2006

Transaction ID: SA11AI.64666

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
GEORGE Y JACOB

Mailing Address 4980 SOUTH HURON RIVER DR.

City FLATROCK State MI Zip Code 48134

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 ▼ 245.00

Date of Receipt 06 / 06 / 2006

Transaction ID: SA11AI.64300

Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
DENNIS W JANOWICZ

Mailing Address 24413 STAR VALLEY

City ST CLAIR SHORES State MI Zip Code 48080

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 ▼ 235.00

Date of Receipt 06 / 06 / 2006

Transaction ID: SA11AI.64676

Amount of Each Receipt this Period 15.00

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: PAGE 38 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

CARL DAVID JARAMILLO

Mailing Address 1307 BLAKE ST

City State Zip Code
BERKELEY CA 94702

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

Name of Employer Occupation
RETIREED

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: SA11AI.65607

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

BELINDA M JOHNSON

Mailing Address 2054 ASHTON ST

City State Zip Code
SHREVEPORT LA 71103-2628

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.65482

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

WILLIE L JONES JR

Mailing Address 8413 KINGSTON RD

City State Zip Code
SHREVEPORT LA 71108-5918

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.65401

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
WILLIAM KORNEGAY

Mailing Address 700 ALEXIS HIGH SHOALS ROAD

City State Zip Code
DALLAS TX 28034-8658

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2006

Transaction ID: SA11AI.65315

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER LATIMER

Mailing Address 3731 LOCH LAMOND AVENUE

City State Zip Code
TOLEDO OH 43607

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11AI.64664

Amount of Each Receipt this Period
80.78

C.

Full Name (Last, First, Middle Initial)
BONNIE J LAURIA

Mailing Address 3913 MAES RD

City State Zip Code
WEST BRANCH MI 48661-9691

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2006

Transaction ID: SA11AI.65988

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **680.78**

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 40 / 130

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MIKE L LEONARD

Mailing Address 614 CLARK ST

City State Zip Code
TOLEDO OH 43605

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 248.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.64684

Amount of Each Receipt this Period
69.24

B.

Full Name (Last, First, Middle Initial)
RICHARD LE TOURNEAU

Mailing Address 6718 PALMILLA COURT

City State Zip Code
FORT WAYNE IN 46835

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

Name of Employer Occupation
JOHNSON CONTROLS FACTORY WORKER

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.64149

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
JOHN LOFTUS

Mailing Address N 4104 JOHNSON RD

City State Zip Code
MIDDLEVILLE MI 49333

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

Name of Employer Occupation
RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.64015

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

669.24

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 41 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PABLO R LOPEZ
 Mailing Address **2739 MECHANIC ST**
 City **OREGON** State **OH** Zip Code **43616**
 Date of Receipt **06 / 05 / 2006**
Transaction ID: SA11AI.65734
 Amount of Each Receipt this Period **80.78**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **JOHNSON CONTROLS INC** Occupation **FACTORY WORKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **253.88**

B. Full Name (Last, First, Middle Initial)
SANDRA D LOVELL
 Mailing Address **25540 LUCKEY RD**
 City **PERRYSBURG** State **OH** Zip Code **43551**
 Date of Receipt **06 / 05 / 2006**
Transaction ID: SA11AI.65048
 Amount of Each Receipt this Period **80.78**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **JOHNSON CONTROLS INC** Occupation **FACTORY WORKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **253.88**

C. Full Name (Last, First, Middle Initial)
ROXANNA LUCAS
 Mailing Address **1926 S BUCKEYE ST**
 City **KOKOMO** State **IN** Zip Code **46902-2153**
 Date of Receipt **06 / 07 / 2006**
Transaction ID: SA11AI.65602
 Amount of Each Receipt this Period **300.00**
 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 **325.00**

SUBTOTAL of Receipts This Page (optional) **461.56**
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LYNEE MANCEWICZ

Mailing Address 19030 COUNTY ROAD 8

City BRISTOL State IN Zip Code 46507

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

Name of Employer VINCENT BACH Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 07 / 2006
Transaction ID: SA11AI.64890
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
SEAN MARKO

Mailing Address 701 WEST ST.

City GENOA State OH Zip Code 43430

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt: 06 / 05 / 2006
Transaction ID: SA11AI.64303
Amount of Each Receipt this Period: 80.78

C. Full Name (Last, First, Middle Initial)
TERRI MARSHALL-AUSMUS

Mailing Address 2614 SEAMAN RD

City OREGON State OH Zip Code 43616

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt: 06 / 05 / 2006
Transaction ID: SA11AI.64889
Amount of Each Receipt this Period: 80.78

SUBTOTAL of Receipts This Page (optional) ► 461.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL MARTIN

Mailing Address 393
S BRIARCLIFF DR

City State Zip Code
CANFIELD OH 44406-1016

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

Name of Employer Occupation
GENERAL MOTORS COMPANY FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: SA11AI.64164

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
RANDY A MARTIN

Mailing Address 3205 ASBURY CT.

City State Zip Code
KOKOMO IN 46902

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.63960

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
JOHN J MARTINEZ

Mailing Address 2567 EDEN EAST DR

City State Zip Code
NORTHWOOD OH 43619

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2006

Transaction ID: SA11AI.64392

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **345.00**

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 44 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PERRY MASON

Mailing Address 9067 DUNN RD APT 118

City HAZELWOOD State MO Zip Code 63042-2005

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 ▼ 400.00

Date of Receipt: 04 / 27 / 2006
Transaction ID: SA11AI.64679
 Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
PERRY MASON

Mailing Address 9067 DUNN RD APT 118

City HAZELWOOD State MO Zip Code 63042-2005

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 ▼ 800.00

Date of Receipt: 06 / 06 / 2006
Transaction ID: SA11AI.64680
 Amount of Each Receipt this Period: 400.00

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

Mailing Address 486 GRAYSON LAKE DRIVE

City LEXINGTON State KY Zip Code 40517-4165

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

Name of Employer C C METALS Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 18 / 2006
Transaction ID: SA11AI.65776
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 45 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DOUGLAS E MEYER
Mailing Address 4854 MONAC DR
City TOLEDO State OH Zip Code 43623
FEC ID number of contributing federal political committee. **C**
Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 05 / 30 / 2006
Transaction ID: SA11AI.65766
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
BEVERLY R MICHENER
Mailing Address 2711 DOROTHY LANE AVE
City SPRINGFIELD State OH Zip Code 45505
FEC ID number of contributing federal political committee. **C**
Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 05 / 04 / 2006
Transaction ID: SA11AI.65172
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
BEVERLY R MICHENER
Mailing Address 2711 DOROTHY LANE AVE
City SPRINGFIELD State OH Zip Code 45505
FEC ID number of contributing federal political committee. **C**
Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 06 / 07 / 2006
Transaction ID: SA11AI.65033
Amount of Each Receipt this Period 50.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 130
(check only one)

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

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

A.

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

Mailing Address 3406 NORTHWAY DRIVE

City State Zip Code
PARKVILLE MD 21234

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.65777

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
LARRY MOFFATT

Mailing Address 83 MOFFATT ROAD

City State Zip Code
MITCHELL IN 47446

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11AI.65751

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 142 39TH AVE N

City State Zip Code
NASHVILLE TN 37209-4962

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.65641

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 47 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JAMES E MONTGOMERY
Mailing Address 142 39TH AVE N
City NASHVILLE State TN Zip Code 37209-4962
FEC ID number of contributing federal political committee. **C**
Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 06 / 15 / 2006
Transaction ID: SA11AI.65798
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
THOMAS MOORMAN
Mailing Address 815 N MICHIGAN AVE
City FREMONT State MI Zip Code 49412-9089
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 06 / 06 / 2006
Transaction ID: SA11AI.65930
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
JOHN C MORRIS
Mailing Address 1116 SOUTHWINDS DR
City PORT ORANGE State FL Zip Code 32129-7835
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 04 / 25 / 2006
Transaction ID: SA11AI.64524
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 625.00
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 48 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CONRAD C MORRISON

Mailing Address PO BOX 79

City State Zip Code
SHAFTSBURG MI 48882-0079

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 ▼ 340.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2006

Transaction ID: SA11AI.65193

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
CONRAD C MORRISON

Mailing Address PO BOX 79

City State Zip Code
SHAFTSBURG MI 48882-0079

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.63655

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
DEBRA L MULLINS

Mailing Address 81 ROSSWAY AVE #67

City State Zip Code
ROSSFORD OH 43460

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11AI.65817

Amount of Each Receipt this Period
80.78

SUBTOTAL of Receipts This Page (optional) ► 100.78

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 49 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
VERNON MURRAY
Mailing Address 4532 EL RANCHO VERDE DR.
City LA PALMA State CA Zip Code 90623
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 06 / 08 / 2006
Transaction ID: SA11AI.64000
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
VERNON MURRAY
Mailing Address 4532 EL RANCHO VERDE DR.
City LA PALMA State CA Zip Code 90623
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt 06 / 15 / 2006
Transaction ID: SA11AI.65196
Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
DAVID J MYERS
Mailing Address 200 WOODDALE AVE
City NEW CASTLE State DE Zip Code 19720-4736
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 ▼ 306.00
Date of Receipt 04 / 27 / 2006
Transaction ID: SA11AI.65478
Amount of Each Receipt this Period 2.00

SUBTOTAL of Receipts This Page (optional) ► 317.00
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 / 130
	<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

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

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

A.	Full Name (Last, First, Middle Initial) DAVID J MYERS		Date of Receipt MM / DD / YYYY 06 / 06 / 2006		
	Mailing Address 200 WOODDALE AVE		Transaction ID: SA11AI.65363		
	City NEW CASTLE	State DE	Zip Code 19720-4736	Amount of Each Receipt this Period 2.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	Aggregate Year-to-Date 308.00		

B.	Full Name (Last, First, Middle Initial) KEITH NEARGARDNER		Date of Receipt MM / DD / YYYY 06 / 07 / 2006		
	Mailing Address 7415 MEADOW VIOLET COURT		Transaction ID: SA11AI.65314		
	City AVON	State IN	Zip Code 46123	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) CRAIG A NOTHNAGEL		Date of Receipt MM / DD / YYYY 04 / 27 / 2006		
	Mailing Address 4202 PINGREE RD		Transaction ID: SA11AI.64340		
	City HOWELL	State MI	Zip Code 48843-9657	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	Aggregate Year-to-Date 260.00		

SUBTOTAL of Receipts This Page (optional)	342.00
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 / 130
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
CRAIG A NOTHNAGEL

Mailing Address 4202 PINGREE RD

City State Zip Code
HOWELL MI 48843-9657

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.64173

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
DONALD OETMAN

Mailing Address 3250 LAKEVIEW DRIVE

City State Zip Code
ALLEGAN MI 49010

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

Name of Employer Occupation
TEXTRON FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2006

Transaction ID: SA11AI.65047

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH PALENCAR

Mailing Address 141 LAVERNE DR

City State Zip Code
AUGUSTA WV 26704-4002

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 ▼ 288.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2006

Transaction ID: SA11AI.65910

Amount of Each Receipt this Period
288.00

SUBTOTAL of Receipts This Page (optional) ► **728.00**

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 52 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JOSEPH PALENCAR

Mailing Address 141 LAVERNE DR

City State Zip Code
AUGUSTA WV 26704-4002

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 ▼ 290.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2006

Transaction ID: SA11AI.65548

Amount of Each Receipt this Period
2.00

B. Full Name (Last, First, Middle Initial)
JOSEPH PALENCAR

Mailing Address 141 LAVERNE DR

City State Zip Code
AUGUSTA WV 26704-4002

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 ▼ 291.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2006

Transaction ID: SA11AI.65726

Amount of Each Receipt this Period
1.00

C. Full Name (Last, First, Middle Initial)
GEORGETTA PAULIN

Mailing Address 1026 WEST IRVIN AVENUE

City State Zip Code
HAGERSTOWN MD 21742

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

Name of Employer Occupation
MACK TRUCKS FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2006

Transaction ID: SA11AI.65179

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **303.00**

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 53 / 130

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
CALVANITA PEALS

Mailing Address 38 E NEWPORT AVE

City State Zip Code
PONTIAC MI 48340-1253

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 ▼
257.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.64336

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
CALVANITA PEALS

Mailing Address 38 E NEWPORT AVE

City State Zip Code
PONTIAC MI 48340-1253

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 ▼
277.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11AI.63997

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 21405 RUBLE ROAD

City State Zip Code
BOONSBORO MO 21713

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

Name of Employer Occupation
VOLVO (AB) FACTORY WORKER

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.65367

Amount of Each Receipt this Period
300.00

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: PAGE 54 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANNY R PHILLIPS

Mailing Address 6720 WINDFALL RD

City GALION State OH Zip Code 44833-8950

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 ▼ 310.00

Date of Receipt: MM / DD / YYYY
05 / 30 / 2006

Transaction ID: SA11AI.63983

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
DANNY R PHILLIPS

Mailing Address 6720 WINDFALL RD

City GALION State OH Zip Code 44833-8950

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 ▼ 320.00

Date of Receipt: MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.63984

Amount of Each Receipt this Period: 10.00

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

Mailing Address 16181 ESKE ST

City LANSING State MI Zip Code 48906-1902

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

Name of Employer UAW LOCAL UNION 724 Occupation LOCAL UNION OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: MM / DD / YYYY
06 / 15 / 2006

Transaction ID: SA11AI.65310

Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **345.00**

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 55 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 682 BAKER RD

City State Zip Code
COLUMBIA TN 38401

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2006

Transaction ID: SA11AI.65522

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
SHEILA RADLOFF

Mailing Address 6402 LONG RIVER LANE

City State Zip Code
INDIANAPOLIS IN 46221

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

Name of Employer Occupation
LEAR CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2006

Transaction ID: SA11AI.63829

Amount of Each Receipt this Period
300.00

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

Mailing Address 700 MORGAN ST

City State Zip Code
MARTINSBURG WV 25401-1802

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 ▼ 320.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2006

Transaction ID: SA11AI.65391

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 56 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
FRED ROYAL, JR.
Mailing Address 5705 W NASH ST
City MILWAUKEE State WI Zip Code 53216-2858
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 ▼ 370.00
Date of Receipt 04 / 27 / 2006
Transaction ID: SA11AI.63869
Amount of Each Receipt this Period 90.00

B. Full Name (Last, First, Middle Initial)
FRED ROYAL, JR.
Mailing Address 5705 W NASH ST
City MILWAUKEE State WI Zip Code 53216-2858
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 ▼ 460.00
Date of Receipt 06 / 06 / 2006
Transaction ID: SA11AI.63870
Amount of Each Receipt this Period 90.00

C. Full Name (Last, First, Middle Initial)
BAILEY J RUSSELL
Mailing Address 35 B NORTH EAST ISLES
City NORTH EAST State MD Zip Code 21901
FEC ID number of contributing federal political committee. **C**
Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 335.00
Date of Receipt 06 / 06 / 2006
Transaction ID: SA11AI.64301
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 195.00
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 57 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 6110 GRAND BLANC RD

City State Zip Code
SWARTZ CREEK MI 48473-9442

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

Name of Employer Occupation
LEAR CORP FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.65941

Amount of Each Receipt this Period
460.00

B. Full Name (Last, First, Middle Initial)
ROBERT J SALLEE

Mailing Address PO BOX 24

City State Zip Code
BERRIEN SPRINGS MI 49103-0024

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.65936

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PAUL SANDERS

Mailing Address 28564 EVERETT ST

City State Zip Code
SOUTHFIELD MI 48076-3090

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.65568

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 960.00

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 58 / 130

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
PAUL SANDERS

Mailing Address 28564 EVERETT ST

City SOUTHFIELD State MI Zip Code 48076-3090

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 ▼ 800.00

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

Transaction ID: SA11AI.65879

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
JASON F SCHMIDT SR

Mailing Address 1310 ALBERT ST

City TOLEDO State OH Zip Code 43605

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.63661

Amount of Each Receipt this Period
63.47

C.

Full Name (Last, First, Middle Initial)
AARON J SCHULTZ

Mailing Address 1907 GREENWOOD AVE

City TOLEDO State OH Zip Code 43605

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

Name of Employer JOHNSON CONTROLS INC Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.65441

Amount of Each Receipt this Period
80.78

SUBTOTAL of Receipts This Page (optional) ► **344.25**

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: PAGE 59 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DANIEL P SHANAHAN

Mailing Address 1457 DANGELO DR

City State Zip Code
NORTH TONAWANDA NY 14120-3071

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 ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.65173

Amount of Each Receipt this Period
130.00

B.

Full Name (Last, First, Middle Initial)
DANIEL P SHANAHAN

Mailing Address 1457 DANGELO DR

City State Zip Code
NORTH TONAWANDA NY 14120-3071

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.64314

Amount of Each Receipt this Period
65.00

C.

Full Name (Last, First, Middle Initial)
PAUL SIEJAK

Mailing Address 6259 HAMM RD

City State Zip Code
LOCKPORT NY 14094-6403

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11AI.64695

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **215.00**

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 60 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MITCHELL SMITH
 Mailing Address 800 AMELIA ROAD
 City State Zip Code
 LOCUST GROVE GA 30248
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6
Transaction ID: SA11AI.65022
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FORD MOTOR COMPANY FACTORY WORKER
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 300.00

B. Full Name (Last, First, Middle Initial)
THOMAS R SMITH
 Mailing Address 13-D-4 CAPANO DRIVE
 City State Zip Code
 NEWARK DE 19702
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 6 / 2 0 0 6
Transaction ID: SA11AI.63975
 Amount of Each Receipt this Period
 3.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DAIMLERCHRYSLER FACTORY WORKER
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 306.00

C. Full Name (Last, First, Middle Initial)
MELISSA L SNIDER
 Mailing Address 25616 ELIZABETH DR
 City State Zip Code
 PERRYSBURG OH 43551
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 6
Transaction ID: SA11AI.65583
 Amount of Each Receipt this Period
 80.78
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JOHNSON CONTROLS INC FACTORY WORKER
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 253.88

SUBTOTAL of Receipts This Page (optional) ► **383.78**
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 61 / 130
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
DONALD L SOBAS

Mailing Address 210 MERRIMAN RD

City State Zip Code
GARDEN CITY MI 48135-1300

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 ▼ 256.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2006

Transaction ID: SA11AI.64696

Amount of Each Receipt this Period
18.00

B.

Full Name (Last, First, Middle Initial)
DONALD L SOBAS

Mailing Address 210 MERRIMAN RD

City State Zip Code
GARDEN CITY MI 48135-1300

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 ▼ 274.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.65188

Amount of Each Receipt this Period
18.00

C.

Full Name (Last, First, Middle Initial)
BRADLEY W STEINHURST

Mailing Address 4000 SYLVANIA AVE #52

City State Zip Code
TOLEDO OH 43623

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11AI.65897

Amount of Each Receipt this Period
80.78

SUBTOTAL of Receipts This Page (optional) ► **116.78**

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 62 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JAMES STEWART
 Mailing Address 21733 MT AETNA RD
 City HAGERSTOWN State MD Zip Code 21742
 Date of Receipt 04 / 25 / 2006
 Transaction ID: SA11AI.64869
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.00

B. Full Name (Last, First, Middle Initial)
MARK A STONER
 Mailing Address 2415 ROSS STREET
 City NORTHWOOD State OH Zip Code 43619-1417
 Date of Receipt 06 / 06 / 2006
 Transaction ID: SA11AI.64235
 Amount of Each Receipt this Period 15.00
 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 335.00

C. Full Name (Last, First, Middle Initial)
JIMMY D STOUFER SR
 Mailing Address 315 E LONGFELLOW ST
 City KANSAS CITY State MO Zip Code 64119-1728
 Date of Receipt 04 / 27 / 2006
 Transaction ID: SA11AI.64498
 Amount of Each Receipt this Period 150.00
 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 450.00

SUBTOTAL of Receipts This Page (optional) ▶ 465.00
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 63 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JIMMY D STOUFER SR
Mailing Address 315 E LONGFELLOW ST
City KANSAS CITY State MO Zip Code 64119-1728
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 ▼ 525.00
Date of Receipt 05 / 18 / 2006
Transaction ID: SA11AI.64499
Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHERJ SZABO
Mailing Address 4523 NEWBERRY ST
City WAYNE State MI Zip Code 48184-2171
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 ▼ 900.00
Date of Receipt 04 / 27 / 2006
Transaction ID: SA11AI.65820
Amount of Each Receipt this Period 450.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHERJ SZABO
Mailing Address 4523 NEWBERRY ST
City WAYNE State MI Zip Code 48184-2171
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 ▼ 1050.00
Date of Receipt 05 / 18 / 2006
Transaction ID: SA11AI.65389
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 675.00
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 64 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT L TAYLOR	Date of Receipt MM / DD / YYYY 06 / 05 / 2006
	Mailing Address 632 SPRING STREET	Transaction ID: SA11AI.65039
	City State Zip Code TOLEDO OH 43608	Amount of Each Receipt this Period 80.78
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.88	

B.	Full Name (Last, First, Middle Initial) ROBERT L THOMPSON	Date of Receipt MM / DD / YYYY 04 / 20 / 2006
	Mailing Address 4313 N ROSEWOOD AVE	Transaction ID: SA11AI.64518
	City State Zip Code MUNCIE IN 47304-1578	Amount of Each Receipt this Period 231.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NEW VENTURE GEAR FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

C.	Full Name (Last, First, Middle Initial) ROBERT L THOMPSON	Date of Receipt MM / DD / YYYY 04 / 27 / 2006
	Mailing Address 4313 N ROSEWOOD AVE	Transaction ID: SA11AI.64157
	City State Zip Code MUNCIE IN 47304-1578	Amount of Each Receipt this Period 11.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NEW VENTURE GEAR FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.54	

SUBTOTAL of Receipts This Page (optional)	323.32
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 65 / 130

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ROBERT L THOMPSON

Mailing Address 4313 N ROSEWOOD AVE

City State Zip Code
MUNCIE IN 47304-1578

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

Name of Employer Occupation
NEW VENTURE GEAR FACTORY WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 254.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11AI.65319

Amount of Each Receipt this Period
11.54

B.

Full Name (Last, First, Middle Initial)
CONNIE THURMAN

Mailing Address 956 TEXARKANA DRIVE

City State Zip Code
INDIANAPOLIS IN 46231

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

Name of Employer Occupation
INTERNATION UNION, UAW CLERICAL

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.65830

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
TERRY THURMAN

Mailing Address 956 TEXARKANA DRIVE

City State Zip Code
INDIANAPOLIS IN 46231

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

Name of Employer Occupation
INTERNATIONAL UNION, UAW DIRECTOR

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: SA11AI.64331

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

611.54

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 66 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
CARL TILLERY

Mailing Address 2333 DRIFTWOOD APT 414

City State Zip Code
MESQUITE TX 75150-6131

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

Name of Employer Occupation
RETIREED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2006

Transaction ID: SA11AI.64001

Amount of Each Receipt this Period
320.00

B.

Full Name (Last, First, Middle Initial)
VESTER TRIPLETT JR

Mailing Address 124 W 24TH ST

City State Zip Code
WILMINGTON DE 19802

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11AI.65303

Amount of Each Receipt this Period
3.00

C.

Full Name (Last, First, Middle Initial)
WAYNE A TRUITT

Mailing Address 71 ROSSWAY APT.#36

City State Zip Code
ROSSFORD OH 43460

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

Name of Employer Occupation
JOHNSON CONTROLS FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11AI.65824

Amount of Each Receipt this Period
80.78

SUBTOTAL of Receipts This Page (optional) ▶ **403.78**

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 67 / 130
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
BRENDA UPCHURCH

Mailing Address 4040 N 267

City State Zip Code
BROWNSBURG IN 46112-9708

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2006

Transaction ID: SA11AI.63820

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
DENNIS J VOYTKO

Mailing Address 12215 BERLIN STATION RD

City State Zip Code
BERLIN CENTER OH 44401

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2006

Transaction ID: SA11AI.64168

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
NANCYNE L WALKER

Mailing Address 1117 BERNATH PKWY

City State Zip Code
TOLEDO OH 43615

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

Name of Employer Occupation
JOHNSON CONTROLS INC FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11AI.65656

Amount of Each Receipt this Period
80.78

SUBTOTAL of Receipts This Page (optional) ▶ **680.78**

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 68 / 130
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANGELA M WATSON		Date of Receipt
	Mailing Address 358 RICHARDSON DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2006
	City	State	Zip Code
	TOLEDO	OH	43608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.64309
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 253.88	<input type="text"/> 80.78

B.	Full Name (Last, First, Middle Initial) MICHAEL A WILSON		Date of Receipt
	Mailing Address 499 E PARK		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2006
	City	State	Zip Code
	TOLEDO	OH	43608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.65510
Name of Employer JOHNSON CONTROLS INC		Occupation FACTORY WORKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 253.88	<input type="text"/> 80.78

C.	Full Name (Last, First, Middle Initial) RICHARD YUNGHANS		Date of Receipt
	Mailing Address 15075 E 1810 RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 18 / 2006
	City	State	Zip Code
	STOCKTON	MO	65785
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.65031
Name of Employer		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional) ▶

461.56

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

29297.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 130
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
LARSON FOR CONGRESS

Mailing Address 6282 OCCOQUAN FOREST DRIVE

City State Zip Code
MANASSAS VA 20112

FEC ID number of contributing federal political committee. **C** C00330142

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

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

Transaction ID: SA16.65918

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

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

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

FOR LINE NUMBER: PAGE 70 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 21938.89
Date of Receipt: 04 / 30 / 2006
Transaction ID: SA17.65993
Amount of Each Receipt this Period: 4475.48
Interest on checking

B. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 21976.93
Date of Receipt: 04 / 30 / 2006
Transaction ID: SA17.65995
Amount of Each Receipt this Period: 38.04
Interest on checking

C. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 23105.42
Date of Receipt: 04 / 30 / 2006
Transaction ID: SA17.65997
Amount of Each Receipt this Period: 1128.49
Interest on checking

SUBTOTAL of Receipts This Page (optional) ► 5642.01
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 71 / 130

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bank One

Mailing Address PO Box 206A

City State Zip Code
Detroit MI 48232

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
27955.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA17.65994

Amount of Each Receipt this Period

4850.24

Interest on checking

B.

Full Name (Last, First, Middle Initial)
Bank One

Mailing Address PO Box 206A

City State Zip Code
Detroit MI 48232

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
28000.51

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA17.65996

Amount of Each Receipt this Period

44.85

Interest on checking

C.

Full Name (Last, First, Middle Initial)
Bank One

Mailing Address PO Box 206A

City State Zip Code
Detroit MI 48232

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
29391.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA17.65998

Amount of Each Receipt this Period

1391.47

Interest on checking

SUBTOTAL of Receipts This Page (optional)

6286.56

TOTAL This Period (last page this line number only)

11928.57

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) ABC MAILING INC. Mailing Address 1725 E. 14 MILE SUITE 120 City TROY State MI Zip Code 48083-4600 Purpose of Disbursement R1C VCAP CHECKOFF MAILING Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.63328 Date of Disbursement 05 / 31 / 2006 Amount of Each Disbursement this Period 3916.76
B.	Full Name (Last, First, Middle Initial) ABC MAILING INC. Mailing Address 1725 E. 14 MILE SUITE 120 City TROY State MI Zip Code 48083-4600 Purpose of Disbursement R5 VCAP MAILING #15537 Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.63332 Date of Disbursement 06 / 14 / 2006 Amount of Each Disbursement this Period 1036.59
C.	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD. Mailing Address 1600 NORTH CLINTON AVE. City ROCHESTER State NY Zip Code 14621 Purpose of Disbursement R3 VCAP WATCHES INV #0007454IN Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.63308 Date of Disbursement 04 / 12 / 2006 Amount of Each Disbursement this Period 11557.43

SUBTOTAL of Disbursements This Page (optional) ▶	16510.78
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN TIME MANUFACTURING, LTD.	Transaction ID: SB21B.63309 Date of Disbursement 04 / 12 / 2006	
	Mailing Address 1600 NORTH CLINTON AVE.		
	City ROCHESTER State NY Zip Code 14621	Amount of Each Disbursement this Period	460.00
	Purpose of Disbursement R3 VCAP WATCHES INV #0007455IN		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) CLARENCE H. JOHNSON, P.C.	Transaction ID: SB21B.63326 Date of Disbursement 05 / 16 / 2006	
	Mailing Address P O BOX 427 26212 WOODWARD AVENUE		
	City ROYAL OAK State MI Zip Code 48068-0427	Amount of Each Disbursement this Period	6410.00
	Purpose of Disbursement AUDIT, TAX PREP '04 & MISC		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) DAN RODGERS SPORTING GOODS	Transaction ID: SB21B.63313 Date of Disbursement 04 / 12 / 2006	
	Mailing Address 5340 MONROE STREET		
	City TOLEDO State OH Zip Code 43623	Amount of Each Disbursement this Period	3613.49
	Purpose of Disbursement R3 VCAP JACKETS INV #32816		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

10483.49

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC NATIONAL COMMITTEE</p> <p>Mailing Address 430 SOUTH CAPITOL STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2006 MEMBERSHIP DUESW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63316</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 SOUTH CAPITOL STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2006 MEMBERSHIP DUES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63333</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) EFFINGER PRINTING COMPANY</p> <p>Mailing Address 12703 PENNRIDGE DRIVE</p> <p>City BRIDGETON State MO Zip Code 63044</p> <p>Purpose of Disbursement R5VCAP,INVOICE #HBLP 6010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63306</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13716.20"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IMPRESSIONS SPECIALITY ADVERTISING	Transaction ID: SB21B.63330
	Mailing Address 8914 S. TELEGRAPH ROAD	Date of Disbursement MM / DD / YYYY 06 / 05 / 2006
	City TAYLOR State MI Zip Code 48180	Amount of Each Disbursement this Period 11103.66
	Purpose of Disbursement REGION 1A VCAP SWEATSHIRTS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IMPRESSIONS SPECIALITY ADVERTISING	Transaction ID: SB21B.63334
	Mailing Address 8914 S. TELEGRAPH ROAD	Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
	City TAYLOR State MI Zip Code 48180	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement R1A V-CAP JACKETS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IMPRESSIONS SPECIALITY ADVERTISING	Transaction ID: SB21B.63335
	Mailing Address 8914 S. TELEGRAPH ROAD	Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
	City TAYLOR State MI Zip Code 48180	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement R1A V-CAP JACKETS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	11203.66
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) IMPRESSIONS SPECIALITY ADVERTISING</p> <p>Mailing Address 8914 S. TELEGRAPH ROAD</p> <p>City TAYLOR State MI Zip Code 48180</p> <p>Purpose of Disbursement R1A V-CAP JACKETS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63336 Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 125.00</p>
<p>B. Full Name (Last, First, Middle Initial) SWIFT PRINTING COMPANY</p> <p>Mailing Address 404 BRIDGE STREET NW</p> <p>City GRAND RAPIDS State MI Zip Code 49504</p> <p>Purpose of Disbursement R1D VCAP BOOKLET INV #29088</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63312 Date of Disbursement 04 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 2416.80</p>
<p>C. Full Name (Last, First, Middle Initial) TELE-PRINT</p> <p>Mailing Address 3361 BOYINGTON DR., #160</p> <p>City CARROLLTON State TX Zip Code 75006</p> <p>Purpose of Disbursement CAP CONF VIDEOS INV #16673</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63319 Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 958.45</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.25

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TELE-PRINT	Transaction ID: SB21B.63327 Date of Disbursement 05 / 19 / 2006
	Mailing Address 3361 BOYINGTON DR., #160	Amount of Each Disbursement this Period 665.30
	City CARROLLTON State TX Zip Code 75006	
	Purpose of Disbursement CAP CONFERENCE VIDEOS #16924	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THE MCLAUGHLIN COMPANY	Transaction ID: SB21B.63314 Date of Disbursement 04 / 13 / 2006
	Mailing Address 1725 DESALES ST. NW	Amount of Each Disbursement this Period 6047.00
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement CAP CNCL HIRED/NON-OWED AUTO R	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THE MCLAUGHLIN COMPANY	Transaction ID: SB21B.63315 Date of Disbursement 04 / 13 / 2006
	Mailing Address 1725 DESALES ST. NW	Amount of Each Disbursement this Period 107339.00
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement CAP CNCL COMMERCIAL PKGE RNWL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	114051.30
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) UAW LOCAL 1612	Transaction ID: SB21B.66014 Date of Disbursement MM / DD / YYYY 04 / 12 / 2006
	Mailing Address 1375 VIRGINIA DRIVE SUITE 202	Amount of Each Disbursement this Period 5382.50
	City FORT WASHINGTON State PA Zip Code 19034-3217	
	Purpose of Disbursement WAGE REIMBURSE-PATRICK ASHTON	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UAW LOCAL 1612	Transaction ID: SB21B.66015 Date of Disbursement MM / DD / YYYY 05 / 16 / 2006
	Mailing Address 1375 VIRGINIA DRIVE SUITE 202	Amount of Each Disbursement this Period 5382.50
	City FORT WASHINGTON State PA Zip Code 19034-3217	
	Purpose of Disbursement REIMBURSEMENT-PATRICK ASHTON	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VIZUAL EXPRESS	Transaction ID: SB21B.63320 Date of Disbursement MM / DD / YYYY 05 / 04 / 2006
	Mailing Address 440 E. CENTER STREET	Amount of Each Disbursement this Period 6143.38
	City MARION State OH Zip Code 43302	
	Purpose of Disbursement R2B V-CAP JACKETS INV #5484	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	16908.38
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) VIZUAL EXPRESS Mailing Address 440 E. CENTER STREET City MARION State OH Zip Code 43302 Purpose of Disbursement R2BV-CAP WINDSHIRTS INV #5606 Candidate Name	Transaction ID: SB21B.63325 Date of Disbursement MM / DD / YYYY 05 / 16 / 2006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) VIZUAL EXPRESS Mailing Address 440 E. CENTER STREET City MARION State OH Zip Code 43302 Purpose of Disbursement REG.9 VCAP DIAMOND CLUB Candidate Name	Transaction ID: SB21B.63331 Date of Disbursement MM / DD / YYYY 06 / 13 / 2006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) WESTERN NEW YORK PAC Mailing Address 4285 GENESEE STREET City BUFFALO State NY Zip Code 14225 Purpose of Disbursement REIMBURSEMENT-T.VASSALLO'S WGS Candidate Name	Transaction ID: SB21B.63317 Date of Disbursement MM / DD / YYYY 04 / 13 / 2006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	26705.98
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ERIC WILLIAMS	Transaction ID: SB21B.63311
	Mailing Address 3436 ROOSEVELT STREET	Date of Disbursement MM / DD / YYYY 04 / 12 / 2006
	City DEARBORN State MI Zip Code 48124	Amount of Each Disbursement this Period 1429.00
	Purpose of Disbursement R1A VCAP 1ST PRIZE WINNER	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WILSON TROPHY COMPANY	Transaction ID: SB21B.63324
	Mailing Address 1724 FRIENZA AVE.	Date of Disbursement MM / DD / YYYY 05 / 16 / 2006
	City SACRAMENTO State CA Zip Code 95815	Amount of Each Disbursement this Period 714.00
	Purpose of Disbursement R1D VCAP PINS & PENDANTS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2143.00
TOTAL This Period (last page this line number only)	▶	286150.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 130

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

UAW MICHIGAN V-PAC

Mailing Address 8000 E. JEFFERSON

City State Zip Code
DETROIT MI 48214

Purpose of Disbursement
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.63337

Date of Disbursement

^M 0	^M 4	/	^D 0	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 6
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Amount of Each Disbursement this Period

100000.00

SUBTOTAL of Disbursements This Page (optional) ►

100000.00

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

100000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ACKERMAN FOR CONGRESS</p> <p>Mailing Address PO BOX 95</p> <p>City FRESH MEADOWS State NY Zip Code 11365</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name GARY L ACKERMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63445</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ALLEN FOR CONGRESS</p> <p>Mailing Address 6282 OCCOQUAN FOREST DRIVE</p> <p>City MANSASSAS State VA Zip Code 20112</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name THOMAS H ALLEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63406</p> <p>Date of Disbursement 04 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) AMERIPAC</p> <p>Mailing Address 1341 G STREET NW SUITE 200</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63375</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDREW DUCK FOR CONGRESS	Transaction ID: SB23.63404 Date of Disbursement
	Mailing Address PO BOX 462	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
	City MYERSVILLE State MD Zip Code 21773	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name ANDREW JAMES DUCK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ARCH LEADERSHIP PAC	Transaction ID: SB23.63416 Date of Disbursement
	Mailing Address 906 OLIVE STREET, SUITE 1212	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City ST. LOUIS State MO Zip Code 63101	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.63349 Date of Disbursement
	Mailing Address PO BOX 261060	<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
	City LOS ANGELES State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name XAVIER BECERRA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) BEN NELSON FOR U.S. SENATE Mailing Address 420 C STREET, N.E. City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name E BENJAMIN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63431 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) BERRY FOR CONGRESS Mailing Address 227 MASSACHUSETTS AVE., N.E., SUITE 101 City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name MARION BERRY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63340 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) BERRY FOR CONGRESS Mailing Address 227 MASSACHUSETTS AVE., N.E., SUITE 101 City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name MARION BERRY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63341 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<p>A. Full Name (Last, First, Middle Initial) BISHOP FOR CONGRESS</p> <p>Mailing Address 6 E STREET S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name TIMOTHY BISHOP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63449</p> <p>Date of Disbursement 06 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOBBY SCOTT FOR CONGRESS</p> <p>Mailing Address PO BOX 251</p> <p>City NEWPORT NEWS State VA Zip Code 23607</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ROBERT C 'BOBBY' SCOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63474</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS</p> <p>Mailing Address P.O. BOX 127868</p> <p>City SAN DIEGO State CA Zip Code 92112</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BOB FILNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63347</p> <p>Date of Disbursement 04 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS	Transaction ID: SB23.63385
	Mailing Address PO BOX 823	Date of Disbursement 04 / 27 / 2006
	City INDIANOLA State IA Zip Code 50125	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name LEONARD L. BOSWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) BRAD MILLER FOR CONGRESS CAMPAIGN	Transaction ID: SB23.63422
	Mailing Address 3803 B COMPUTER DRIVE SUITE 110	Date of Disbursement 05 / 19 / 2006
	City RALEIGH State NC Zip Code 27609	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name RALPH BRADLEY MILLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) BRAD MILLER FOR CONGRESS CAMPAIGN	Transaction ID: SB23.63423
	Mailing Address 3803 B COMPUTER DRIVE SUITE 110	Date of Disbursement 05 / 31 / 2006
	City RALEIGH State NC Zip Code 27609	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name RALPH BRADLEY MILLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

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)

<p>A. Full Name (Last, First, Middle Initial) BRIAN BAIRD FOR CONGRESS CAMPAIGN</p> <p>Mailing Address 442 NEW JERSEY AVENUE S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BRIAN N BAIRD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 03</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63476</p> <p>Date of Disbursement 04 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BRIAN BAIRD FOR CONGRESS CAMPAIGN</p> <p>Mailing Address 442 NEW JERSEY AVENUE S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BRIAN N BAIRD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 03</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63477</p> <p>Date of Disbursement 05 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS COMMITTEE</p> <p>Mailing Address 800 W. HINES STREET</p> <p>City WILSON State NC Zip Code 27893</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name G K BUTTERFIELD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 01</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63426</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
CALLAGHAN FOR CONGRESS

Mailing Address PO BOX 3002

City CHARLESTON State WV Zip Code 25331

Purpose of Disbursement CONTRIBUTION

Candidate Name MIKE O CALLAGHAN

Office Sought: House
 Senate
 President

State: WV District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63482

Date of Disbursement

04 / 13 / 2006

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CAMPAIGN TO ELECT JIM MARSHALL

Mailing Address PO BOX 125

City MACON State GA Zip Code 31202

Purpose of Disbursement CONTRIBUTION

Candidate Name JIM MARSHALL

Office Sought: House
 Senate
 President

State: GA District: 08

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63382

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CAPRI CAFARO FOR CONGRESS

Mailing Address 7448 MENTOR AVENUE

City MENTOR State OH Zip Code 44060

Purpose of Disbursement CONTRIBUTION

Candidate Name CAPRI CAFARO

Office Sought: House
 Senate
 President

State: OH District: 13

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63454

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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)

PAGE 90 / 130

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

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

<p>A. Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS</p> <p>Mailing Address 227 MASSACHUSETTS AVE NE SUITE 101</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MICHAEL E CAPUANO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63399</p> <p>Date of Disbursement 06 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CARDOZA FOR CONGRESS</p> <p>Mailing Address PO BOX 2749</p> <p>City MERCED State CA Zip Code 95344</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DENNIS CARDOZA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63351</p> <p>Date of Disbursement 05 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS</p> <p>Mailing Address PO BOX A</p> <p>City CLARKS SUMMIT State PA Zip Code 18411</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHRISTOPHER CARNEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63465</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
CHARLIE STUART FOR CONGRESS

Mailing Address PO BOX 560908

City ORLANDO State FL Zip Code 32856

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHARLES STUART

Office Sought: House
 Senate
 President

State: FL District: 08

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.63381

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
CHRISTINE JENNINGS FOR CONGRESS

Mailing Address PO BOX 49135

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHRISTINE JENNINGS

Office Sought: House
 Senate
 President

State: FL District: 13

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.63379

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR ELEANOR HOLMES NORTON

Mailing Address 1730 RHODE ISLAND AVE, NW
SUITE 712

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ELEANOR HOLMES NORTON

Office Sought: House
 Senate
 President

State: DC District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.63369

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR JOHN OLVER	Transaction ID: SB23.63398 Date of Disbursement
	Mailing Address 38 IVY STREET SE	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name JOHN WALTER OLVER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE FOR A DEMOCRATIC MAJORITY	Transaction ID: SB23.63370 Date of Disbursement
	Mailing Address 426 C STREET, NE, REAR BLDG	<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE FOR A LIVABLE FUTURE	Transaction ID: SB23.63377 Date of Disbursement
	Mailing Address 1341 EAST CAPITOL STREET SE SUITE 301	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ARTUR DAVIS TO</p> <p>Mailing Address PO BOX 1845</p> <p>City BIRMINGHAM State AL Zip Code 35201</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ARTUR G DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63338</p> <p>Date of Disbursement 04 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT LINDA SANCHEZ</p> <p>Mailing Address P.O. BOX 1865</p> <p>City HAWAIIAN GARDENS State CA Zip Code 90716</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name LINDA SANCHEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63362</p> <p>Date of Disbursement 06 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT CAROLYN CHEEKS</p> <p>Mailing Address P.O. BOX 32175</p> <p>City DETROIT State MI Zip Code 48232</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CAROLYN MS. KILPATRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63408</p> <p>Date of Disbursement 04 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. COMMITTEE TO RE-ELECT CAROLYN CHEEKS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 32175

City State Zip Code
DETROIT MI 48232

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CAROLYN MS. KILPATRICK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.63409

Date of Disbursement

/

Amount of Each Disbursement this Period

B. COMMITTEE TO RE-ELECT CAROLYN CHEEKS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 32175

City State Zip Code
DETROIT MI 48232

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CAROLYN MS. KILPATRICK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.63410

Date of Disbursement

/

Amount of Each Disbursement this Period

C. CONGRESSMAN BART GORDON COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2008

City State Zip Code
MURFREESBORO TN 37133

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BART GORDON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 06

Transaction ID: SB23.63470

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CONSUMER FEDERATION OF AMERICA	Transaction ID: SB23.63376 Date of Disbursement
	Mailing Address 1424 16TH STREET, NW SUITE 604	<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE	Transaction ID: SB23.66007 Date of Disbursement
	Mailing Address P.O. BOX 8250	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
	City BELLEVILLE State IL Zip Code 62222	Amount of Each Disbursement this Period
	Purpose of Disbursement VOIDED CONTRIBUTION	<input type="text" value="-2000.00"/>
	Candidate Name JERRY F COSTELLO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE	Transaction ID: SB23.63387 Date of Disbursement
	Mailing Address P.O. BOX 8250	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
	City BELLEVILLE State IL Zip Code 62222	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name JERRY F COSTELLO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE Mailing Address P.O. BOX 8250 City BELLEVILLE State IL Zip Code 62222 Purpose of Disbursement CONTRIBUTION Candidate Name JERRY F COSTELLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 12	Transaction ID: SB23.63388 Date of Disbursement 05 / 04 / 2006
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) COSTELLO FOR CONGRESS COMMITTEE Mailing Address P.O. BOX 8250 City BELLEVILLE State IL Zip Code 62222 Purpose of Disbursement CONTRIBUTION Candidate Name JERRY F COSTELLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 12	Transaction ID: SB23.63394 Date of Disbursement 05 / 16 / 2006
	Amount of Each Disbursement this Period 2000.00
C. Full Name (Last, First, Middle Initial) 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: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 02	Transaction ID: SB23.63368 Date of Disbursement 06 / 26 / 2006
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CRANLEY FOR CONGRESS	Transaction ID: SB23.63455 Date of Disbursement 05 / 18 / 2006
	Mailing Address 4369 CARNATION CR	Amount of Each Disbursement this Period 5000.00
	City CINCINNATI State OH Zip Code 45238	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN J IV CRANLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF WISCONSIN	Transaction ID: SB23.63479 Date of Disbursement 05 / 16 / 2006
	Mailing Address 222 STATE STREET, SUITE 400	Amount of Each Disbursement this Period 5000.00
	City MADISON State WI Zip Code 53703	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE	Transaction ID: SB23.63459 Date of Disbursement 05 / 04 / 2006
	Mailing Address PO BOX 17426	Amount of Each Disbursement this Period 1000.00
	City PITTSBURGH State PA Zip Code 15235	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name MIKE DOYLE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. DUTCH RUPPERSBERGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 5675

City TIMONIUM State MD Zip Code 21094

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DUTCH RUPPERSBERGER

Office Sought: House
 Senate
 President

State: MD District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63405

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

B. EARL POMEROY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013-5214

Purpose of Disbursement
CONTRIBUTION

Candidate Name
EARL RALPH POMEROY

Office Sought: House
 Senate
 President

State: ND District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63429

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

C. FRANCINE BUSBY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 712

City CARDIFF State CA Zip Code 92007

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FRANCINE P BUSBY

Office Sought: House
 Senate
 President

State: CA District: 50

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Runoff

Transaction ID: SB23.63354

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON <hr/> Mailing Address PO BOX 100 <hr/> City BOLTON State MS Zip Code 39041 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name BENNIE G THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63417 Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2006 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON <hr/> Mailing Address PO BOX 100 <hr/> City BOLTON State MS Zip Code 39041 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name BENNIE G THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63418 Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2006 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">4000.00</div>
C.	Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN <hr/> Mailing Address PO BOX 871 <hr/> City BISMARCK State ND Zip Code 58502-9915 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name BYRON L DORGAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63428 Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2006 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">6000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 130

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY COMMITTEE</p> <p>Mailing Address 38 IVY STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CAROLYN MCCARTHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63450</p> <p>Date of Disbursement 06 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN</p> <p>Mailing Address PO BOX 37</p> <p>City ST CLAIR State PA Zip Code 17970</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name T. TIMOTHY HOLDEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63462</p> <p>Date of Disbursement 05 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF FARR</p> <p>Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 302</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SAM FARR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63363</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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)

PAGE 102 / 130

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD	Transaction ID: SB23.63427 Date of Disbursement 05 / 16 / 2006
	Mailing Address 420 C STREET, NE LOWER LEVEL	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name GAYLORD KENT CONRAD	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	Transaction ID: SB23.63348 Date of Disbursement 05 / 04 / 2006
	Mailing Address PO BOX 23940	Amount of Each Disbursement this Period 1000.00
	City SANTA BARBARA State CA Zip Code 93121	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name LOIS G CAPPS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAURICE HINCHEY	Transaction ID: SB23.63446 Date of Disbursement 05 / 04 / 2006
	Mailing Address 503 CAPITOL COURT NE SUITE 100	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name MAURICE D HINCHEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

PAGE 103 / 130

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK KENNEDY Mailing Address PO BOX 77047 City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement CONTRIBUTION Candidate Name PATRICK J KENNEDY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63466 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2006 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL Mailing Address PO BOX 101124 City CHICAGO State IL Zip Code 60610 Purpose of Disbursement CONTRIBUTION Candidate Name RAHM EMANUEL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63392 Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2006 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROBERT C BYRD COMMITTEE Mailing Address 424 C STREET, NW City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name ROBERT C BYRD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63483 Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2006 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF ROBERT C BYRD COMMITTEE

Mailing Address 424 C STREET, NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROBERT C BYRD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.63486

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.63365

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF TAMMY DUCKWORTH

Mailing Address 416 WEST 22ND STREET

City LOMBARD State IL Zip Code 60148

Purpose of Disbursement
TAMMY DUCKWORTH

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.63391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO BOX 16128</p> <p>City HOUSTON State TX Zip Code 77222</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name RAYMOND E. 'GENE' GREEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63471</p> <p>Date of Disbursement 05 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) GREAT PLAINS LEADERSHIP FUND</p> <p>Mailing Address 607 14TH STREET NW, SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63372</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS</p> <p>Mailing Address PO BOX 97</p> <p>City HAZELWOOD State NC Zip Code 28738</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOSEPH H SHULER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63420</p> <p>Date of Disbursement 04 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS COMMITTEE <hr/> Mailing Address PO BOX 2884 <hr/> City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement CONTRIBUTION Candidate Name STENY HAMILTON HOYER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63402 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JIM COSTA FOR CONGRESS <hr/> Mailing Address 1127 11TH ST., SUITE 606 <hr/> City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement CONTRIBUTION Candidate Name JIM MR. COSTA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63350 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOHN TIERNEY FOR CONGRESS <hr/> Mailing Address PO BOX 8013 <hr/> City SALEM State MA Zip Code 01970 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN F TIERNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63397 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<p>A. Full Name (Last, First, Middle Initial) JUANITA MILLENDER-MCDONALD FOR CONGRESS</p> <p>Mailing Address 421 NEW JERSEY AVENUE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement JUANITA MILLENDER-MCDONALD</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63357</p> <p>Date of Disbursement 05 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JUDY FEDER FOR CONGRESS</p> <p>Mailing Address 1514 HARDWOOD LANE</p> <p>City MC LEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JUDY M FEDER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63473</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) KEEP NICK RAHALL IN CONGRESS COMMITTEE</p> <p>Mailing Address 1301 DELAWARE AVENUE SW #N409</p> <p>City WASHINGTON State DC Zip Code 20024-3913</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name NICK JOE J II RAHALL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63484</p> <p>Date of Disbursement 05 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)

<p>A. Full Name (Last, First, Middle Initial) KEEP NICK RAHALL IN CONGRESS COMMITTEE</p> <p>Mailing Address 1301 DELAWARE AVENUE SW #N409</p> <p>City WASHINGTON State DC Zip Code 20024-3913</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name NICK JOE J II RAHALL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63485</p> <p>Date of Disbursement 05 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) KIND FOR CONGRESS</p> <p>Mailing Address P O BOX 184</p> <p>City LACROSSE State WI Zip Code 54602-0184</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name RON KIND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63478</p> <p>Date of Disbursement 04 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) KIND FOR CONGRESS</p> <p>Mailing Address P O BOX 184</p> <p>City LACROSSE State WI Zip Code 54602-0184</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name RON KIND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63480</p> <p>Date of Disbursement 06 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 130

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

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

A.	Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS	Transaction ID: SB23.63467 Date of Disbursement 06 / 26 / 2006
	Mailing Address 301 4TH ST NE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JAMES R LANGEVIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	Transaction ID: SB23.63366 Date of Disbursement 04 / 27 / 2006
	Mailing Address 6282 OCCOQUAN FOREST DRIVE	Amount of Each Disbursement this Period 3000.00
	City MANASSAS State VA Zip Code 20112	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN B LARSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	Transaction ID: SB23.63367 Date of Disbursement 05 / 16 / 2006
	Mailing Address 6282 OCCOQUAN FOREST DRIVE	Amount of Each Disbursement this Period 5000.00
	City MANASSAS State VA Zip Code 20112	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN B LARSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LINDA STENDER FOR CONGRESS Mailing Address PO BOX 730 City SCOTCH PLAINS State NJ Zip Code 07076 Purpose of Disbursement CONTRIBUTION Candidate Name LINDA MRS. STENDER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63438 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS Mailing Address PO BOX 2776 City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement CONTRIBUTION Candidate Name FRANK A, LOBIONDO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63440 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER REELECTION COMMITTEE Mailing Address P.O. BOX 2884 City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement CONTRIBUTION Candidate Name LOUISE MCINTOSH SLAUGHTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63451 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 34

Transaction ID: SB23.63352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MALONEY FOR CONGRESS

Mailing Address 230 PARK AVE 34TH FLOOR

City NEW YORK State NY Zip Code 10169

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CAROLYN B MALONEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 14

Transaction ID: SB23.63443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MARK UDALL FOR CONGRESS

Mailing Address 8690 WOLFF COURT SUITE 200

City WESTMINSTER State CO Zip Code 80030

Purpose of Disbursement
MARK UDALL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 02

Transaction ID: SB23.63364

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) MEL WATT FOR CONGRESS <hr/> Mailing Address PO BOX 36831 <hr/> City CHARLOTTE State NC Zip Code 28236 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MELVIN L WATT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63424 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS <hr/> Mailing Address 213 LISBON STREET <hr/> City LEWISTON State ME Zip Code 04240 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL H MICHAUD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63407 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS <hr/> Mailing Address 6132 BOLLINGER RD <hr/> City SAN JOSE State CA Zip Code 95129 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MIKE HONDA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63353 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS	Transaction ID: SB23.63356 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
	Mailing Address 6132 BOLLINGER RD		
	City SAN JOSE State CA Zip Code 95129	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name MIKE HONDA	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006	
	State: CA District: 15	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS	Transaction ID: SB23.63421 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
	Mailing Address P.O. BOX 1		
	City LUMBERTON State NC Zip Code 28359-0001	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name MIKE MCINTYRE	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006	
	State: NC District: 07	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: SB23.63339 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
	Mailing Address PO BOX 360		
	City PRESCOTT State AR Zip Code 71857-0360	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name MICHAEL AVERY ROSS	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006	
	State: AR District: 04	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS COMMITTEE

Mailing Address 442 NEW JERSEY AVE S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name MIKE MR. THOMPSON

Office Sought: House
 Senate
 President

State: CA District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63359

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MIKE WEAVER FOR CONGRESS

Mailing Address PO BOX 807

City RADCLIFF State KY Zip Code 40159-0807

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN MICHAEL WEAVER

Office Sought: House
 Senate
 President

State: KY District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63396

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
MURTHA FOR CONGRESS

Mailing Address P O BOX 1091

City JOHNSTOWN State PA Zip Code 15907

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN P MR. MURTHA

Office Sought: House
 Senate
 President

State: PA District: 12

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.63458

Date of Disbursement

05 / 04 / 2006

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)

A.	Full Name (Last, First, Middle Initial) MURTHA FOR CONGRESS	Transaction ID: SB23.63461 Date of Disbursement
	Mailing Address P O BOX 1091	<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
	City JOHNSTOWN State PA Zip Code 15907	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="3000.00"/>
	Candidate Name JOHN P MR. MURTHA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NADLER FOR CONGRESS	Transaction ID: SB23.63444 Date of Disbursement
	Mailing Address 18 EAST 16TH STREET, SUITE 401	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
	City NEW YORK State NY Zip Code 10003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name JERROLD L MR. NADLER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL PARTNERSHIP FOR WOMEN &	Transaction ID: SB23.63374 Date of Disbursement
	Mailing Address 1875 CONNECTICUT AVENUE NW, #650	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NATIONAL WOMEN'S POLITICAL CAUCUS	Transaction ID: SB23.63371 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
	Mailing Address 1211 CONNECTICUT AVE. NW SUITE 425		Amount of Each Disbursement this Period 1000.00
	City State Zip Code WASHINGTON DC 20036		
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.63439 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
	Mailing Address P.O. BOX 3176		Amount of Each Disbursement this Period 2000.00
	City State Zip Code LONG BRANCH NJ 07740		
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name FRANK JR. PALLONE	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PASCHELL FOR CONGRESS	Transaction ID: SB23.63433 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
	Mailing Address 63 QUARTZ LANE		Amount of Each Disbursement this Period 1000.00
	City State Zip Code PATERSON NJ 07501		
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name WILLIAM J HON. JR. PASCHELL	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PASTOR FOR ARIZONA	Transaction ID: SB23.63342
	Mailing Address PO BOX 6554	Date of Disbursement 04 / 12 / 2006
	City PHOENIX State AZ Zip Code 85005-6554	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name EDWARD L PASTOR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PASTOR FOR ARIZONA COMMITTEE	Transaction ID: SB23.63344
	Mailing Address PO BOX 6554	Date of Disbursement 05 / 16 / 2006
	City PHOENIX State AZ Zip Code 85005-6554	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name EDWARD L PASTOR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAUL ARONSOHN FOR CONGRESS	Transaction ID: SB23.63436
	Mailing Address PO BOX 563	Date of Disbursement 05 / 18 / 2006
	City RIDGEWOOD State NJ Zip Code 07451-0563	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name PAUL S ARONSOHN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 130

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

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

<p>A. Full Name (Last, First, Middle Initial) PAVICH FOR CONGRESS</p> <p>Mailing Address PO BOX 1203</p> <p>City BEECHER State IL Zip Code 60401</p> <p>Purpose of Disbursement JOHN PAVICH</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 11</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63389</p> <p>Date of Disbursement 05 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PAYNE FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 75214</p> <p>City WASHINGTON State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DONALD M PAYNE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 10</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63434</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) RALEIGH FOR CONGRESS</p> <p>Mailing Address PO BOX 241598</p> <p>City APPLE VALLEY State MN Zip Code 55124</p> <p>Purpose of Disbursement COLLEEN ROWLEY</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63414</p> <p>Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS 2000</p> <p>Mailing Address PO BOX 5577</p> <p>City NEW YORK State NY Zip Code 10027</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHARLES P RANGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63447</p> <p>Date of Disbursement 05 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) RAUL GRIJALVA FOR CONGRESS</p> <p>Mailing Address PO BOX 1242</p> <p>City TUCSON State AZ Zip Code 85702-1242</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name RAUL M MR. GRIJALVA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63343</p> <p>Date of Disbursement 04 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS</p> <p>Mailing Address P O BOX 782</p> <p>City PENNINGTON State NJ Zip Code 08534</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name RUSH D HOLT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63432</p> <p>Date of Disbursement 04 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

PAGE 121 / 130

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

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

A. Full Name (Last, First, Middle Initial) SANDERS FOR SENATE <hr/> Mailing Address PO BOX 391 <hr/> City BURLINGTON State VT Zip Code 05402 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name BERNARD SANDERS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63475 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS <hr/> Mailing Address PO BOX 5130 <hr/> City EVANSTON State IL Zip Code 60204 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JANICE D SCHAKOWSKY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63386 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS <hr/> Mailing Address PO BOX 5130 <hr/> City EVANSTON State IL Zip Code 60204 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JANICE D SCHAKOWSKY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63393 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SCHWARTZ FOR CONGRESS	Transaction ID: SB23.63460 Date of Disbursement 05 / 04 / 2006
	Mailing Address PO BOX 45706	Amount of Each Disbursement this Period 1000.00
	City PHILADELPHIA State PA Zip Code 19149	
	Purpose of Disbursement ALLYSON SCHWARTZ Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCHWARTZ FOR CONGRESS	Transaction ID: SB23.63463 Date of Disbursement 06 / 13 / 2006
	Mailing Address PO BOX 45706	Amount of Each Disbursement this Period 1000.00
	City PHILADELPHIA State PA Zip Code 19149	
	Purpose of Disbursement ALLYSON SCHWARTZ Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHWARTZ FOR CONGRESS	Transaction ID: SB23.63464 Date of Disbursement 06 / 26 / 2006
	Mailing Address PO BOX 45706	Amount of Each Disbursement this Period 2000.00
	City PHILADELPHIA State PA Zip Code 19149	
	Purpose of Disbursement ALLYSON SCHWARTZ Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 130

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

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

A. Full Name (Last, First, Middle Initial) SERRANO FOR CONGRESS Mailing Address 421 NEW JERSEY AVENUE, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement CONTRIBUTION Candidate Name JOSE E SERRANO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63452 Date of Disbursement 06 / 26 / 2006
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) SHELLEY BERKLEY FOR CONGRESS Mailing Address 7432 SILVER PALM COURT City LAS VEGAS State NV Zip Code 89117 Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY BERKLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63442 Date of Disbursement 05 / 31 / 2006
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS Mailing Address 4016 N ROSEMEAD BLVD City ROSEMEAD State CA Zip Code 91770 Purpose of Disbursement CONTRIBUTION Candidate Name HILDA SOLIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63355 Date of Disbursement 05 / 19 / 2006
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS Mailing Address 438 RHODES City NILES State OH Zip Code 44446 Purpose of Disbursement CONTRIBUTION Candidate Name TIMOTHY J RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63453 Date of Disbursement 04 / 26 / 2006 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) TOM LANTOS FOR CONGRESS Mailing Address 7713 FALSTAFF COURT City MCLEAN State VA Zip Code 22102 Purpose of Disbursement CONTRIBUTION Candidate Name TOM LANTOS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63345 Date of Disbursement 04 / 12 / 2006 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) UDALL FOR US ALL Mailing Address P O BOX 208 City SANTA FE State NM Zip Code 87504 Purpose of Disbursement TOM UDALL Candidate Name TOM UDALL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63441 Date of Disbursement 05 / 30 / 2006 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)

A.	Full Name (Last, First, Middle Initial) VICTORY NOW PAC	Transaction ID: SB23.63401 Date of Disbursement 04 / 27 / 2006
	Mailing Address 10605 CONCORD STREET SUITE 202	Amount of Each Disbursement this Period 2000.00
	City KENSINGTON State MD Zip Code 20895	
	Purpose of Disbursement CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS COMMITTEE	Transaction ID: SB23.63360 Date of Disbursement 06 / 05 / 2006
	Mailing Address PO BOX 750176	Amount of Each Disbursement this Period 3000.00
	City PETALUMA State CA Zip Code 94975	
	Purpose of Disbursement CONTRIBUTION	
	Candidate Name LYNN C WOOLSEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 06	

C.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS	Transaction ID: SB23.63456 Date of Disbursement 05 / 31 / 2006
	Mailing Address 714 NORTH WOOSTER ST.	Amount of Each Disbursement this Period 5000.00
	City DOVER State OH Zip Code 44622	
	Purpose of Disbursement CONTRIBUTION	
	Candidate Name ZACHARY T SPACE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 18	

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	260350.00

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)

<p>A. Full Name (Last, First, Middle Initial) 21ST CENTURY FUND</p> <p>Mailing Address 606 TOWNSEND</p> <p>City LANSING State MI Zip Code 48933</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.63491</p> <p>Date of Disbursement 05 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 1500000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CAMPAIGN FOR EDWIN SADLER</p> <p>Mailing Address 320 EAST BROAD STREET</p> <p>City COOKEVILLE State TN Zip Code 38501</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.66010</p> <p>Date of Disbursement 04 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHET CULVER COMMITTEE</p> <p>Mailing Address PO BOX 6068</p> <p>City DES MOINES State IA Zip Code 50309</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.66003</p> <p>Date of Disbursement 06 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 50000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1551000.00

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)

PAGE 128 / 130

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

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

A.	Full Name (Last, First, Middle Initial) CONGRESSIONAL BLACK CAUCUS FOUNDATION	Transaction ID: SB29.63493 Date of Disbursement 05 / 31 / 2006
	Mailing Address 1720 MASSACHUSETTS AVENUE NW City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement AWARDS DINNER/TABLE 9/9/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 7500.00

B.	Full Name (Last, First, Middle Initial) OHIO STATE UAW PAC COUNCIL	Transaction ID: SB29.63489 Date of Disbursement 05 / 04 / 2006
	Mailing Address 133 E. LIVINGSTON ROAD City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement REPLENISHMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 250000.00

C.	Full Name (Last, First, Middle Initial) UAW REGION 3 VICTORY FUND	Transaction ID: SB29.63488 Date of Disbursement 05 / 04 / 2006
	Mailing Address 5850 FORTUNE CIRCLE WEST City INDIANAPOLIS State IN Zip Code 46241 Purpose of Disbursement USE FOR ELECTIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 200000.00

SUBTOTAL of Disbursements This Page (optional)	457500.00
TOTAL This Period (last page this line number only)	2008500.00

Image# 28932098057

Form/Schedule: **SB21B**
Transaction ID: **SB21B.63306**

Cost of preparing and mailing UAW Region 5 V-CAP individual receipts for donations to V-CAP. These contributions are directly to the separate segregated fund.

Form/Schedule: **SB21B**
Transaction ID: **SB21B.63315**

Payment for renewal of bond/liability insurance protecting CAP Council Funds.

Image# 28932098058

Form/Schedule: **SB21B**

Transaction ID: **SB21B.63331**

This refers to the cost of incentive (silver ring) offered to encourage UAW Region 9 members and their family to donate to V-CAP.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.63317**

Transfer to state and local PAC.
