

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. STEVE PESTKA FOR CONGRESS

Mailing Address 2517 ASHWOOD CT SE

City ADA State MI Zip Code 49301

Purpose of Disbursement CONTRIBUTION

Candidate Name **STEVE PESTKA**

Office Sought: House Senate President
State: MI District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2012

Transaction ID : **SB23.124779**

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. THE BILL KEATING COMMITTEE

Mailing Address 45 WILLARD STREET

City QUINCY State MA Zip Code 02169

Purpose of Disbursement CONTRIBUTION

Candidate Name **WILLIAM RICHARD KEATING**

Office Sought: House Senate President
State: MA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2012

Transaction ID : **SB23.124775**

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. THE CICILLINE COMMITTEE

Mailing Address PO BOX 9107

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement CONTRIBUTION

Candidate Name **DAVID N CICILLINE**

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2012

Transaction ID : **SB23.124823**

Amount of Each Disbursement this Period

1,000.00

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

7,000.00

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

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