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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

SAILORS' UNION OF THE PACIFIC POLITICAL FUND

ADDRESS (number and street)

450 HARRISON STREET



Check if different than previously reported. (ACC)

SAN FRANCISCO

CA

94105

-2640

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00011338

3. IS THIS REPORT

N

NEW (N)

OR

A

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 Year-End 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 (12S)

Election on

MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2009

through

MM / DD / YYYY  
12 / 31 / 2009

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

GUNNAR LUNDEBERG

Signature of Treasurer

Date

MM / DD / YYYY  
01 / 12 / 2010

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

10030224300

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2009"/>		5,035.34
(b) Cash on Hand at Beginning of Reporting Period.....	4,581.43	
(c) Total Receipts (from Line 19).....	3,550.26	8,831.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8,131.69	13,866.47
7. Total Disbursements (from Line 31).....	3,609.00	9,343.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,522.69	4,522.69
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

10030224301

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Report Covering the Period: From: **MM / DD / YYYY** **07 / 01 / 2009** To: **MM / DD / YYYY** **12 / 31 / 2009**

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1,100.00	2,300.00
(ii) Unitemized.....	2,450.00	6,530.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,550.00	8,830.00
(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).....▶	3,550.00	8,830.00
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	.26	1.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,550.26	8,831.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,550.26	8,831.13

10030224302

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	9.00	43.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,750.00	6,250.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....	850.00	3,050.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3,609.00	9,343.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,609.00	9,343.78

10030224303

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	3,550.00	8,830.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,550.00	8,830.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9.00	43.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9.00	43.78

10030224304

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

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

FOR LINE NUMBER: PAGE 1 OF 3  
(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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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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

**A. CONNOLLY, DAVID**

Full Name (Last, First, Middle Initial)

Mailing Address  
**940 SANTA CLARA AVE.**

City **ALAMEDA**, State **CA** Zip Code **94501**

Date of Receipt  
MM / DD / YYYY  
**11 / 12 / 2009**

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

Amount of Each Receipt this Period  
**150.00**

Name of Employer **SAILORS' UNION OF THE PACIFIC** Occupation **VICE PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

**B. LARSEN, DAVID**

Full Name (Last, First, Middle Initial)

Mailing Address  
**2481 PURISSIMIA CREED RD.**

City **HALF MOON BAY**, State **CA** Zip Code **94105**

Date of Receipt  
MM / DD / YYYY  
**12 / 28 / 2009**

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

Amount of Each Receipt this Period  
**200.00**

Name of Employer **AMERICAN PRESIDENT LINES** Occupation **SEAMAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

**C. LUNDEBERG, GUNNAR**

Full Name (Last, First, Middle Initial)

Mailing Address  
**2245 18th STREET**

City **SAN FRANCISCO**, State **CA** Zip Code **94107**

Date of Receipt  
MM / DD / YYYY  
**11 / 03 / 2009**

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

Amount of Each Receipt this Period  
**100.00**

Name of Employer **SAILORS' UNION OF THE PACIFIC** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

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

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

10030224305

**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 2 OF 3
	<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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>A. McLAVY, MICHAEL</b>		Date of Receipt MM / DD / YYYY <b>11 / 02 / 2009</b>
Mailing Address <b>34105 51ST AVE. E.</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>EATONVILLE,</b>	State Zip Code <b>WA 98328</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>200.00</b>
Name of Employer <b>AMERICAN PRESIDENT LINES</b>	Occupation <b>SEAMAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. O'HALLORAN, VINCENT</b>		Date of Receipt MM / DD / YYYY <b>12 / 03 / 2009</b>
Mailing Address <b>6058 5th AVE NE</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>SEATTLE,</b>	State Zip Code <b>WA 98115</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>400.00</b>
Name of Employer <b>SAILORS' UNION OF THE PACIFIC</b>	Occupation <b>BRANCH AGENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PANGAN, RICKY</b>		Date of Receipt MM / DD / YYYY <b>11 / 25 / 2009</b>
Mailing Address <b>1592 UNION ST. #352</b>		Amount of Each Receipt this Period <b>150.00</b>
City <b>SAN FRANCISCO,</b>	State Zip Code <b>CA 94123</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>225.00</b>
Name of Employer <b>MATSON NAVIGATION</b>	Occupation <b>SEAMAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

10030224306

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 3	
	(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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>A. THOMAS, TIMOTHY</b>		Date of Receipt MM / DD / YYYY <b>10 / 14 / 2009</b>
Mailing Address <b>264 APACHE CIRCLE</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>OROVILLE, CA</b>	State Zip Code <b>95966</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>MATSON NAVIGATION</b>	Occupation <b>SEAMAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1,100.00</b>

10030224307



**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 1 OF 2

<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)

**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
<b>THE COMMITTEE TO RE-ELECT LORETTA SANCHEZ</b>		MM / DD / YYYY 08 / 05 / 2009	
Mailing Address 604 SOUTH HARBOR BLVD.		Amount of Each Disbursement this Period	
City State Zip Code SANTA ANA, CA 92704		500.00	
Purpose of Disbursement		Category/ Type	
Candidate Name LORETTA SANCHEZ		011	
Office Sought: <input checked="" 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: CA	District: 47th		

<b>B.</b>		Date of Disbursement	
<b>PEOPLE FOR PATTY MURRAY</b>		MM / DD / YYYY 10 / 02 / 2009	
Mailing Address 712 35TH AVE.		Amount of Each Disbursement this Period	
City State Zip Code SEATTLE, WA 98122		1,000.00	
Purpose of Disbursement		Category/ Type	
Candidate Name PATTY MURRAY		011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA	District:		

<b>C.</b>		Date of Disbursement	
<b>CITIZENS TO ELECT RICK LARSEN</b>		MM / DD / YYYY 11 / 24 / 2009	
Mailing Address P.O. BOX 326		Amount of Each Disbursement this Period	
City State Zip Code EVERETT, WA 98206		500.00	
Purpose of Disbursement		Category/ Type	
Candidate Name RICK LARSEN		011	
Office Sought: <input checked="" 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: WA	District: 2nd		

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

2,000.00

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

10030224308

**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 2 OF 2

<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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF FARR</b>		Date of Disbursement MM / DD / YYYY <b>12 / 18 / 2009</b>
Mailing Address <b>P.O. BOX 122</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>MONTEREY, CA</b>	State <b>CA</b>	
Zip Code <b>93942</b>		011 Category/ Type
Purpose of Disbursement		
Candidate Name <b>SAM FARR</b>		Amount of Each Disbursement this Period <b>500.00</b>
Office Sought: <input checked="" 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: <b>CA</b>	District: <b>17th</b>	

Full Name (Last, First, Middle Initial) <b>B. ALC HARDSHIP FUND</b>		Date of Disbursement MM / DD / YYYY <b>08 / 14 / 2009</b>
Mailing Address <b>100 HEGENBERGER RD., #150</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>OAKLAND, CA</b>	State <b>CA</b>	
Zip Code <b>94621</b>		011 Category/ Type
Purpose of Disbursement		
Candidate Name <b>RAISE POLITICAL ACTION FUNDS</b>		Amount of Each Disbursement this Period <b>250.00</b>
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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2,750.00</b>

10030224309

**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 1 OF 1

<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)

SAILORS' UNION OF THE PACIFIC POLITICAL FUND

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
SF LABOR COUNCIL LABOR & NEIGHBOR		MM / DD / YYYY 10 / 23 / 2009
Mailing Address 1188 FRANKLIN ST. STE 203		Amount of Each Disbursement this Period
City	State Zip Code	
SAN FRANCISCO, CA 94105		350.00
Purpose of Disbursement		
Candidate Name		011
RAISE POLITICAL ACTION FUNDS		Category/ Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

<b>B.</b>		Date of Disbursement
DAVE JONES FOR INSURANCE COMMISSIONER 2010		MM / DD / YYYY 12 / 18 / 2009
Mailing Address 1005 12TH STREET, SUITE H		Amount of Each Disbursement this Period
City	State Zip Code	
SACRAMENTO, CA 95814		500.00
Purpose of Disbursement		
Candidate Name		011
DAVE JONES		Category/ Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State: CA	District:	INSURANCE COMMISSIONER

<b>C.</b>		Date of Disbursement
		MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought:		Category/ Type
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	850.00

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