

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 UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE- DERALIPA

ADDRESS (number and street) 5841 NEWMAN COURT Check if different than previously reported. (ACC) SACRAMENTO CA 95819

2. FEC IDENTIFICATION NUMBER C00320218 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2010 through 06 30 2010

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 Dan Button

Signature of Treasurer Electronically Filed by Dan Button Date 07 06 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.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		230104.50
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	226388.73									
(c) Total Receipts (from Line 19)	39697.27	82130.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	266086.00	312235.24								
7. Total Disbursements (from Line 31)	140231.20	186380.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125854.80	125854.80								
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

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

Report Covering the Period: From: To:

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)	0.00	0.00
(ii) Unitemized	39674.56	82078.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39674.56	82078.02
(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)	39674.56	82078.02
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.)	22.71	52.72
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))	39697.27	82130.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39697.27	82130.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1681.20	2830.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1681.20	2830.44
22. Transfers to Affiliated/Other Party Committees.....	15000.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	48500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	93550.00	120050.00
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))..	140231.20	186380.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	140231.20	186380.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	39674.56	82078.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39674.56	82078.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1681.20	2830.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1681.20	2830.44

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)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

A.	Full Name (Last, First, Middle Initial) Eichman, CPA, J. Richard	Transaction ID: EXP.B.506
	Mailing Address 1127 - 11th Street, Suite 300	Date of Disbursement MM / DD / YYYY 04 / 16 / 2010
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 330.00
	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
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) Eichman, CPA, J. Richard	Transaction ID: EXP.B.514
	Mailing Address 1127 - 11th Street, Suite 300	Date of Disbursement MM / DD / YYYY 05 / 14 / 2010
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 910.65
	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
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) Eichman, CPA, J. Richard	Transaction ID: EXP.B.493
	Mailing Address 1127 - 11th Street, Suite 300	Date of Disbursement MM / DD / YYYY 06 / 11 / 2010
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 420.55
	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
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) ►

1661.20

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

1661.20

**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)

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<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)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

A.

Full Name (Last, First, Middle Initial)

U.A. Pol. Ed. Fund

Mailing Address 3 Park Place

City
Annapolis

State
MD

Zip Code
21401

Purpose of Disbursement
Transfer of Funds

Candidate Name
U.A. Pol. Ed. Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

A. Full Name (Last, First, Middle Initial) Hedrick for Congress, Bill <hr/> Mailing Address 9496 Magnolia Avenue, Suite 205 <hr/> City Riverside State CA Zip Code 92503 <hr/> Purpose of Disbursement <hr/> Candidate Name Bill Hedrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.509 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PAC to the Future <hr/> Mailing Address 430 S. Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement ID #C00344234 <hr/> Candidate Name PAC to the Future <hr/> 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) ▼	Transaction ID: EXP.B.511 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SAC PAC <hr/> Mailing Address 1005 - 12th Street, Suite H <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement ID #C00165548 <hr/> Candidate Name SAC PAC <hr/> 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) ▼	Transaction ID: EXP.B.512 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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)

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<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)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

A.

Full Name (Last, First, Middle Initial)
Thompson for Congress, Mike

Mailing Address 436 New Jersey Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Mike Thompson

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: EXP.B.495

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

3000.00

**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)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Baines for Fresno City Council, Oliver</p> <p>Mailing Address 1055 N. Van Ness</p> <p>City Fresno State CA Zip Code 92728</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Baines for Fresno City Council, Oliver</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: EXP.B.486</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bell for School Board 2010, Ellyne</p> <p>Mailing Address 4823 C Street</p> <p>City Sacramento State CA Zip Code 95819</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Bell for School Board 2010, Ellyne</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: EXP.B.502</p> <p>Date of Disbursement 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) California Democratic Party</p> <p>Mailing Address 1401 - 21st Street, Suite 100</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name California Democratic Party</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: EXP.B.498</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 25000.00</p> <p>Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ►

28500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

<p>A. Full Name (Last, First, Middle Initial) California Democratic Party</p> <p>Mailing Address 1401 - 21st Street, Suite 100</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name California Democratic Party</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: EXP.B.492 Date of Disbursement 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 8450.00</p>
<p>B. Full Name (Last, First, Middle Initial) Campos for Assembly 2010, Nora</p> <p>Mailing Address 20 Galli Drive, Suite A</p> <p>City Novato State CA Zip Code 94949</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Campos for Assembly 2010, Nora</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: EXP.B.505 Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Chu for Supervisor, Carmen</p> <p>Mailing Address 731B Ligget</p> <p>City San Francisco State CA Zip Code 94129</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Chu for Supervisor, Carmen</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: EXP.B.491 Date of Disbursement 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10450.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FEDERAL PA

<p>A. Full Name (Last, First, Middle Initial) Dickinson for Assembly 2010, Roger</p> <p>Mailing Address 510 Bercut Drive, Suite S</p> <p>City Sacramento State CA Zip Code 95811</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Dickinson for Assembly 2010, Roger</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: EXP.B.496 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 7800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Duran for Supervisor 2010, Friends of Jack</p> <p>Mailing Address 4010 Foothills Blvd., Suite 103-9</p> <p>City Roseville State CA Zip Code 95747</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Duran for Supervisor 2010, Friends of Jack</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: EXP.B.504 Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Duran for Supervisor 2010, Friends of Jack</p> <p>Mailing Address 4010 Foothills Blvd., Suite 103-9</p> <p>City Roseville State CA Zip Code 95747</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Duran for Supervisor 2010, Friends of Jack</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: EXP.B.485 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12800.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Esposito for Clark County Commission, Greg</p> <p>Mailing Address 1442 White Drive</p> <p>City Las Vegas State NV Zip Code 89119</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Esposito for Clark County Commission, Greg</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: EXP.B.521 Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Evans for Senate 2010, Noreen</p> <p>Mailing Address 2200 L Street</p> <p>City Sacramento State CA Zip Code 95816</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Evans for Senate 2010, Noreen</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: EXP.B.501 Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ford for Folsom Cordova School Board, Zak</p> <p>Mailing Address 4252 Mustic Way</p> <p>City Mather State CA Zip Code 95655</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Ford for Folsom Cordova School Board, Zak</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: EXP.B.513 Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</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**

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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)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FEDERAL PA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hedges for SCBOE 2010, Parents & Teachers for Matt</p> <p>Mailing Address 6938 Sutter Avenue</p> <p>City Carmichael State CA Zip Code 95608</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Hedges for SCBOE 2010, Parents & Teachers for Matt</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: EXP.B.508</p> <p>Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Horsley for Supervisor 2010, Don</p> <p>Mailing Address 20 Park Road, Suite E</p> <p>City Burlingame State CA Zip Code 94010</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Horsley for Supervisor 2010, Don</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: EXP.B.494</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Oliver for Fresno City Council 2010, Clint</p> <p>Mailing Address 815 E. Courtland</p> <p>City Fresno State CA Zip Code 93704</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Oliver for Fresno City Council 2010, Clint</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: EXP.B.488</p> <p>Date of Disbursement 05 / 24 / 2010</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 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)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FERAL PA

<p>A. Full Name (Last, First, Middle Initial) Quintero for Fresno City Council 2010, Sal</p> <p>Mailing Address 5018 E. Townsend Avenue</p> <p>City Fresno State CA Zip Code 93727</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Quintero for Fresno City Council 2010, Sal</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: EXP.B.487</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Rivas for SCBOE 2010, Friends of Brian</p> <p>Mailing Address 5443 Buckwood Way</p> <p>City Sacramento State CA Zip Code 95835</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Rivas for SCBOE 2010, Friends of Brian</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: EXP.B.503</p> <p>Date of Disbursement 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Wieckowski for State Assembly, Bob</p> <p>Mailing Address 1005 - 12th Street, Suite H</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Non Federal Contribution</p> <p>Candidate Name Wieckowski for State Assembly, Bob</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: EXP.B.507</p> <p>Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 3900.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6400.00

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)

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<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)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-
DERAL PA

A.

Full Name (Last, First, Middle Initial)

Williams for Assembly 2010, Das

Mailing Address 915 L Street, Suite C415

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non Federal Contribution

Candidate Name
Williams for Assembly 2010, Das

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: EXP.B.484

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

7800.00

SUBTOTAL of Disbursements This Page (optional)

7800.00

TOTAL This Period (last page this line number only)

93550.00