

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LO-
CAL 447 FEDERAL PAC

ADDRESS (number and street)

5841 NEWMAN COURT

☐(Check if address
is changed)

SACRAMENTO

CA

95819

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sandyb@eichmancpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9164546151

2. DATE

M M / D D / Y Y Y Y
04 / 14 / 2008

3. FEC IDENTIFICATION NUMBER

C C00320218

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement 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

M M / D D / Y Y Y Y
04 / 11 / 2008

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

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

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**DAN BUTTON**

Mailing Address

5841 NEWMAN COURT**SACRAMENTO****CA****95819**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

916**457****6595**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Depository information missing. Please double-check your bank account information.

Mailing Address

																											-			

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Depository information missing. Please double-check your bank account information.

Mailing Address

																											-			

CITY ▲

STATE ▲

ZIP CODE ▲

Form/Schedule: **F1A** Amending to change treasurer
Transaction ID: