FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Office use only			
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	_		
UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LO-						
ADDRESS (number and st	reet) 5841 NEWMAN COU	JRT 				
(Check if address is changed)	SACRAMENTO		CA			
		CITY▲	STATE▲ ZIP CODE ▲			
COMMITTEE'S E-MAIL sandyb@eichm						
1				_		
COMMITTEE'S WEB F	AGE ADDRESS (URL)					
COMMITTEE'S FAX NUMBER 9164546151 2. DATE M. M. / D. D. / Y. Y. Y. Y.						
0,4	14 2008		1			
3. FEC IDENTIFICAT	TION NUMBER	C C00320218				
4. IS THIS STATEME	ENT NEW (N) OR	X 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 Date Date Date Date Date Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS						
Office Use Only FE3AN042.PDF		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100				

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5.	TYPE OF COMMITTEE (Check One)					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate			
	Name of Candidate					
	Candidate Party Affiliation	Office Sought: House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate	L				
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	(e) X					
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	ated fund or party			
6.	Name of Any	Connected Organization or Affiliated Committee				
L						
L						
	Mailing Addres	ss Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				
		CITY▲ STATE ▲	ZIP CODE			
	Relationship					
	Type of Conne	ected Organization:				
	Corpo	oration Corporation w/o Capital Stock Labor Org	anization			
	Memb	bership Organization Trade Association Cooperation	<i>r</i> e			

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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 A		ZIP CODE A			
			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 E	BUTTON					
	Mailing Address	5841 NEWMAN COURT					
		SACRAMENTO		95819			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A			
	Treasure	<u>, </u>	Telephone number 916				
	Full Name of Designated Agent						
	Mailing Address						
	Title or Position ▼	CITY A	STATE A	ZIP CODE A			
			Telephone number				

9.

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Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository	intains funds.	ther depositories in which the	e committee deposits funds, h	olds accounts, rents
Dep	pository information n	nissing. Please double	e-check your bank acco	unt information.
Mailing Address				
		CITY 🛕	STATE▲	ZIP CODE 🛕
Name of Bank, Depository, etc.				
De j	oository information n	nissing. Please doubl	e-check your bank acco	unt information.
Mailing Address				

CITY 🔼

ZIP CODE 🛕

STATE **△**

Image# 28931116805

Form/Schedule: F1A Transaction ID:

Amending to change treasurer