PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FEDERAL PAC 5841 NEWMAN COURT ADDRESS (number and street) (Check if address is changed) **SACRAMENTO** 95819 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Laura@StephenCompany.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00320218 FEC IDENTIFICATION NUMBER > 3. X 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. Button, Dan, , , Type or Print Name of Treasurer Button, Dan,,, [Electronically Filed] 05 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only

Local 202-694-1100

(Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2	
TYPE OF COMMITTEE:		
Candidate Committee:		
(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 information below.)	al campaign committee. (Complete the candidate	
Name of Candidate		
Candidate Office Party Affiliation Sought: House	Senate President District	
(c) This committee supports/opposes only one candidate, and is NOT	an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This committee is a (National, State or subordinate) committee of	(Democratic, Republican, etc.) Party	
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected	organization on line 6.) Its connected organization is as	
Corporation Corporation w/o Ca	apital Stock X Labor Organization	
Membership Organization Trade Association	Cooperative	
In addition, this committee is a Lobbyist/Registrant PAC.		
(f) This committee supports/opposes more than one Federal candidate committee. (i.e., nonconnected committee)	e, and is NOT a separate segregated fund or party	
In addition, this committee is a Lobbyist/Registrant PAC.		
In addition, this committee is a Leadership PAC. (Identify	sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).  In addition, this committee is a Lobbyist/Registrant PAC.		
In addition, this committee is a Lobbyist/Registrant PAC.		
Joint Fundraising Representative:		
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.  Committees Participating in Joint Fundraiser		
	C	

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>	
٧	Vrite or Type Committee Name			
	UNITED ASSOCIATION (	OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL	. 447 FEDERAL PAC	
6.	· · · · · · · · · · · · · · · · · · ·	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead		
	Mailing Address	Three Park Place		
		Annapolis MD 214	101	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization	Leadership PAC Sponso	
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commodoks and records.				
	Button, Dar	iel,,,		
	Full Name			
	Mailing Address	5841 Newman Court		
		Sacramento CA 958	19	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	Custodian of Records	Telephone number 916	- 457 - 6595	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of	
	Full Name BUTTON, D	DAN, , ,		
	of Treasurer			
	Mailing Address	5841 NEWMAN COURT		
		SACRAMENTO CA 958	319	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲	
	Treasurer		_   457   _   6595	

FEC <b>Form</b>	1 (Revised 02/2009)		Page <b>4</b>			
Full Name of Designated Agent	None, , , ,					
Mailing Address						
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
	Telephone num	nber				
	<b>Depositories:</b> List all banks or other depositories in which the committeexes or maintains funds.	ee deposits funds, ho	olds accounts, rents			
Name of Bank,	Name of Bank, Depository, etc.					
	Westamerica Bank					
Mailing Address	300 Capitol Mall, Suite 150					
	Sacramento	CA 9581	4			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amending to add affiliate

Form/Schedule: Transaction ID: