

Recipient Committee Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA 2005/06 FORM 460
R E C E I V E JUL 3 0 2008 CITY CLERK'S OFFICE CITY OF OAKLAND	1 / 11
	For Official Use Only

Statement covers period
 from 01/01/2008
 through 06/30/2008

Date of election if applicable
 (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Primary Formed |
| <input type="radio"/> Recall | <input type="radio"/> Controlled |
| (Also Complete Part 5.) | <input type="radio"/> Sponsored |
| <input checked="" type="checkbox"/> General Purpose Committee | (Also Complete Part 6.) |
| <input checked="" type="radio"/> Sponsored | <input type="checkbox"/> Primary Formed Candidate/ |
| <input type="radio"/> Small Contributor Committee | Officeholder Committee |
| <input type="radio"/> Political Party/Central Committee | (Also Complete Part 7.) |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below) | Statement - Attach Form 495 |

3. Committee Information

I.D. NUMBER
1297806

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 United Workers for Local Government A coalition
 of education, healthcare, public safety, civil s
 sponsored by
 STREET ADDRESS (NO P.O. BOX)
 4

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Vallejo	CA	94560	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS
()

Treasurer(s)

NAME OF TREASURER
Ben Espinoza

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Vallejo	CA	94560	

NAME OF ASSISTANT TREASURER, IF ANY
Shauna Reed

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Walnut Creek	CA	94596	

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 07/20/2008 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>20080101</u> through <u>20080630</u>	CALIFORNIA FORM 460 3 / 11
	I.D. NUMBER 1297806

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

United Workers for Local Government A coalition of education, healthcare, public safety,
civil s sponsored by

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>9500.00</u>	\$ <u>9500.00</u>
2. Loans Received	Schedule B, Line 7	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>9500.00</u>	\$ <u>9500.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	<u>9500.00</u>	\$ <u>9500.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ <u>0.00</u>	\$ <u>0.00</u>
21. Expenditures Made	\$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ <u>16142.52</u>	\$ <u>16142.52</u>
7. Loans Made	Schedule H, Line 7	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>16142.52</u>	\$ <u>16142.52</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>16142.52</u>	\$ <u>16142.52</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>9455.52</u>
13. Cash Receipts	Column A, Line 3 above	<u>9500.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>100.00</u>
Cash Payments	Column A, Line 8 above	<u>16142.52</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2913.00</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>20080101</u>	CALIFORNIA FORM 460
through <u>20080630</u>	
4 / 11	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER United Workers for Local Government A coalition of education, healthcare, public safety, civil s sponsored by	I.D. Number 1297806
---	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/20/2008	Cement Masons Local No 400 Political Action Committee 810 W. Stadium Lane Sacramento CA 95834 ID: 1222288	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1750.00	
Rcpt Dt: 02/20/2008	Cement Masons Local No 400 Political Action Committee 810 W. Stadium Lane Sacramento CA 95834 ID: 1222288	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	1750.00	
Rcpt Dt: 01/15/2008	District Council of Ironworkers 1660 San Pablo Ave. suite C Pinole CA 94564 ID: 831693	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 01/15/2008	SEIU United Long Term Care Workers Local 6434 Campaign Account 2515 Beverly Blvd. Los Angeles CA 90057 ID: 1111111	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4000.00	4000.00	
Rcpt Dt: 01/15/2008	SMW Local Union 104 PAC 2610 Crow Canyon Rd. Ste 300 San Ramon CA 94583 ID: 850381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	1750.00	

SUBTOTAL \$

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$	9500.00
2. Amount received this period - unitemized contributions of less than \$100	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	9500.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH- Other
PTY - Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>20080101</u>	CALIFORNIA FORM 460
through <u>20080630</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER United Workers for Local Government A coalition of education, healthcare, public safety, civil s sponsored by	I.D. Number 1297806
---	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 01/15/2008	SMW Local Union 104 PAC 2610 Crow Canyon Rd. Ste 300 San Ramon CA 94583 ID: 850381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1750.00	
Rcpt Dt: 02/15/2008	United Food and Commerical Workers Local 5 PAC 240 S. Market Street San Jose CA 95113-2382 ID: 1294035	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	

SUBTOTAL \$ 9500.00

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH- Other
PTY - Political Party
SCC- Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	20080101	
through	20080630	6 / 11
NAME OF FILER		I.D. NUMBER
United Workers for Local Government A coalition of education, healthcare, public safety, civil s sponsored by		1297806

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Bender ID: 44 Page Street Suite 404 San Francisco CA 94102	POL			4000.00
David Bender ID: 44 Page Street Suite 404 San Francisco CA 94102	POL			2500.00
McNalley Temple Associates, Inc. ID: 1617 Capitol Avenue Sacramento CA 95814				6503.72

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	16142.52
2. Unitemized payments made this period of under \$100.	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	16142.52

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>20080101</u> through <u>20080630</u>	CALIFORNIA FORM 460 7 / 11
I.D. NUMBER 1297806	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

United Workers for Local Government A coalition of education, healthcare, public safety,
civil s sponsored by

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Precision Communications 8601 Georgia Avenue Suite 806 Silver Spring MD 20910		POL		286.30
Reed Business Solutions 1990 No. California Blvd Suite 830 Walnut Creek CA 94596		PRO		330.00
Reed Business Solutions 1990 No. California Blvd Suite 830 Walnut Creek CA 94596		PRO		110.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	20080101	
through	20080630	8 / 11
NAME OF FILER		I.D. NUMBER
United Workers for Local Government A coalition of education, healthcare, public safety, civil s sponsored by		1297806

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Reed Business Solutions 1990 No. California Blvd Suite 830 Walnut Creek CA 94596	PRO			112.50
Reed Business Solutions 1990 No. California Blvd Suite 830 Walnut Creek CA 94596	PRO			137.50
Reed Business Solutions 1990 No. California Blvd Suite 830 Walnut Creek CA 94596	PRO			1970.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>20080101</u>	CALIFORNIA FORM 460
through <u>20080630</u>	
9 / 11	
I.D. NUMBER 1297806	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

United Workers for Local Government A coalition of education, healthcare, public safety,
civil s sponsored by

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Reed Business Solutions 1990 No. California Blvd Suite 830 Walnut Creek CA 94596	PRO	ID:	192.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 16142.52

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100: \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>20080101</u>	CALIFORNIA FORM 460
through <u>20080630</u>	
10 / 11	
I.D. NUMBER 1297806	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

United Workers for Local Government A coalition of education, healthcare, public safety,
civil s sponsored by

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID:					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 0.00\$ 0.00\$ 0.00\$ 0.00\$ 0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....	INCURRED TOTALS \$ 6503.72
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....	PAID TOTALS \$ 6503.72
3. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....	NET \$ 0.00 <small>May be a negative number.</small>

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>20080101</u> through <u>20080630</u>	CALIFORNIA FORM 460
	11 / 11
I.D. NUMBER 1297806	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

United Workers for Local Government A coalition of education, healthcare, public safety,
civil s sponsored by

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Rcpt Dt: 06/30/2008	oe#3 ID:	Refund Check	100.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 100.00

Schedule I Summary

1. Itemized increases to cash this period.....	\$ <u>100.00</u>
2. Unitemized increases to cash under \$100 this period.....	\$ <u>0.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$ <u>100.00</u>