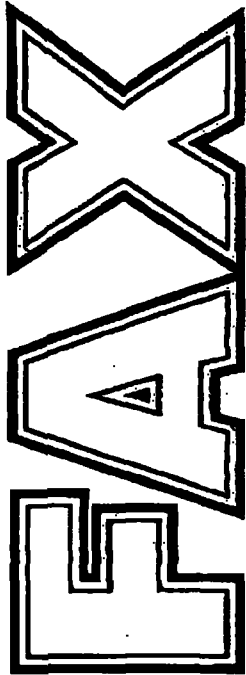


T R A N S M I T T A L



Date: 10/30/08

To: Federal Elections Commission (202) 219-0174

From: Larry Fox

Re: Teeth From American Workers

Total No. of Pages: 5 (including cover page)

F41

UFCW LOCAL 227
3330 Pinecroft Drive
Louisville, KY 40219

(502) 582-3508
(502) 582-9152 FAX

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28039910148

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Truth From American Workers

(b) Address (number and street) check if different than previously reported
3330 Pinecroft Drive

(c) City, State, and ZIP Code
Louisville, KY 40219

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number
030001325

3. Is This Statement New or Amended

4. Covering Period 10/27/2008 through 10/29/2008

5. (a) Date of Public Distribution(s) 10/29/2008 (b) Communication Title _____

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Larry Fox

(b) Address (number and street) 3330 Pinecroft Drive

(c) City, State and ZIP Code Louisville, KY 40219

(d) Name of Employer or Principal Place of Business UFCW Local 227 (e) Occupation Pension/401k Administrator

9. Total Donations This Statement 0

10. Total Disbursements/Obligations This Statement 5,6278.76

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Larry Fox

SIGNATURE [Signature] DATE 10/30/2008

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

28039910149

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 2

11. Person(s) Sharing/Exercising Control

A. (a) Name <i>Larry Fox</i>	
(b) Address (number and street) <i>503 Willow Stone Way</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40223</i>	
(d) Name of Employer or Principal Place of Business <i>UFCW Local 227</i>	(e) Occupation <i>Pension/401k Administrator</i>
B. (a) Name <i>Dorie Downey</i>	
(b) Address (number and street) <i>7711 Beulah Church Road</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40228</i>	
(d) Name of Employer or Principal Place of Business <i>Teamsters Local 783</i>	(e) Occupation <i>UMUW representative</i>
C. (a) Name <i>David Swift</i>	
(b) Address (number and street) <i>174 Midway Drive</i>	
(c) City, State and ZIP Code <i>Mt. Washington, KY 40047</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>retired</i>
D. (a) Name <i>Laura Krachner</i>	
(b) Address (number and street) <i>1941 Bishop Lane, Suite 300</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40218</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>retired</i>
E. (a) Name <i>Steve Clark</i>	
(b) Address (number and street) <i>1285 Island Ford Road</i>	
(c) City, State and ZIP Code <i>Madisonville, KY 42431</i>	
(d) Name of Employer or Principal Place of Business <i>UMCUA</i>	(e) Occupation <i>UMUW representative</i>

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 2

11. Person(s) Sharing/Exercising Control

A. (a) Name <i>Rick Kaiser</i>	
(b) Address (number and street) <i>4820 Paramount Drive</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40258</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>retired</i>
B. (a) Name <i>David Riggs</i>	
(b) Address (number and street) <i>7911 Blue Bonnet Road</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40258</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>retired</i>
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

28039910151

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <i>Mindy Kabiner Media</i>		Date of Disbursement or Obligation 10' 23' 2008
Mailing Address of Payee <i>1322 G Street NE</i>		Amount 55,000.00
City <i>Washington DC</i>	State <i>DC</i>	Zip Code <i>20003</i>
Name of Employer <i>N/A</i>	Occupation <i>N/A</i>	Communication Date 10' 29' 2008

Purpose of Disbursement (Including title(s) of communication(s)) <i>Radio Advertising TFAW 1003 Trouble</i>		
Name of Federal Candidate <i>Mitch McConnell</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee <i>SEE CHANGE MEDIA LLC</i>		Date of Disbursement or Obligation 10' 24' 2008
Mailing Address of Payee <i>8609 West Knoll Drive Unit D</i>		Amount 1,278.76
City <i>West Hollywood, CA</i>	State <i>CA</i>	Zip Code <i>90069</i>
Name of Employer <i>N/A</i>	Occupation <i>N/A</i>	Communication Date 10' 29' 2008

Purpose of Disbursement (Including title(s) of communication(s)) <i>Radio Advertising TFAW 1003 Trouble</i>		
Name of Federal Candidate <i>Mitch McConnell</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional)	56,278.76
TOTAL This Period (last page this line number only)	
(carry total from last page to Line 10)	

28039910152

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<input type="checkbox"/> No Postmark	
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