



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 341

2501 Commercial Drive, Anchorage, AK 99501
Phone (907) 272-4571 Fax (907) 274-0570
www.local341.com



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Federal Election Commission	Working Families of Alaska
COMPANY:	DATE:
	10/30/10
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
202-219-0174	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	Form 5
RE:	YOUR REFERENCE NUMBER:
24 Hour Report	907-272-4571

- URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

JOEY MERRICK
BUSINESS MANAGER
SECRETARY-TREASURER

RON MCPHETERS
PRESIDENT

RON AXTELL
VICE-PRESIDENT

LARRY MOONEY
BUSINESS REPRESENTATIVE

STACY ALLEN
HEALTHCARE UNIT
REPRESENTATIVE

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <i>Working Families of Alaska</i>		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>P.O. Box 101133 / 2501 Commercial Dr</i>		
(c) City, State and ZIP Code <i>Anchorage, AK. 99510</i>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report
 January 31 Year-End Report 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM *10 29 2010*
M M / D D / Y Y Y Y
 THROUGH
N N / D D / Y Y Y Y
10 30 2010

6. TOTAL CONTRIBUTIONS..... *\$ 35,500.00*

7. TOTAL INDEPENDENT EXPENDITURES..... *15,683.65*

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM <i>AJ Merrick II</i>	SIGNATURE <i>A.J. Merrick II</i>	DATE <i>10/30/10</i>
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Working Families of Alaska

A. Full Name (Last, First, Middle Initial)
Alaska Laborers Political + Education Committee

Mailing Address
2740 Davis Road

City *Fairbanks* State *AK* Zip Code *99709*

Date of Receipt
09 30 2010

FEC ID number of contributing federal political committee. *C*

Amount of Each Receipt this Period
5,000.00

Name of Employer Occupation

B. Full Name (Last, First, Middle Initial)
Alaska Laborers Political + Education Committee

Mailing Address
2740 Davis Road

City *Fairbanks* State *AK* Zip Code *99709*

Date of Receipt
10 19 2010

FEC ID number of contributing federal political committee. *C*

Amount of Each Receipt this Period
18,500.00

Name of Employer Occupation

C. Full Name (Last, First, Middle Initial)
Public Employees Local 71 Supporting League

Mailing Address
2510 Arctic Blvd.

City *Anchorage* State *AK* Zip Code *99503*

Date of Receipt
10 20 2010

FEC ID number of contributing federal political committee. *C*

Amount of Each Receipt this Period
12,000.00

Name of Employer Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Date of Receipt

FEC ID number of contributing federal political committee. *C*

Amount of Each Receipt this Period

Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional) *35,500.00*

TOTAL This Period (last page carry total to Line 6) *35,500.00*

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **3** OF **3**
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Working Families of Alaska

Full Name (Last, First, Middle Initial) of Payee <i>Anchorage Daily News</i>	Date M A / M O / Y Y Y Y <i>10 29 2010</i>
Mailing Address <i>Box 140147</i>	Amount <i>1,500.00</i>
City <i>Anchorage</i> State <i>AK</i> Zip Code <i>99514</i>	

Purpose of Expenditure <i>On line Advertising</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Oppose Joe Miller / Lisa Murkowski - Support</i>	Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought <i>1,500.00</i>	<input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Anchorage Daily News</i>	Date M A / M O / Y Y Y Y <i>10 30 2010</i>
Mailing Address <i>Box 140147</i>	Amount <i>4,183.65</i>
City <i>Anchorage</i> State <i>AK</i> Zip Code <i>99514</i>	

Purpose of Expenditure <i>Newspaper Advertising</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Oppose Joe Miller / Support Lisa Murkowski</i>	Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought <i>5,683.65</i>	<input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date M A / M O / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	<input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>5,683.65</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>5,683.65</i>

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED