

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>WORKING FAMILIES OF ALASKA</b>			3. FEC Identification Number <b>C</b> C90012402
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2501 COMMERCIAL DR			
(c) City, State and ZIP Code ANCHORAGE AK 99501			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment?  No  Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y
	10		08		2014
THROUGH	M M	/	D D	/	Y Y Y Y
	10		10		2014

6. TOTAL CONTRIBUTIONS.....

25000.00
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7. TOTAL INDEPENDENT EXPENDITURES .....

10597.00
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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.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

*[Electronically Filed]*

Mr. Augustine J Merrick II

Mr. Augustine J Merrick II

10/10/2014

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

# 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) Laborers Local 341			Date of Receipt 10 / 08 / 2014
Mailing Address 2501 Commercial Dr			Transaction ID : F56.000001
City Anchorage	State AK	Zip Code 99501	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 25000.00
Name of Employer N/A			Occupation

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer			Occupation

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer			Occupation

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer			Occupation

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	25000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	25000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
WORKING FAMILIES OF ALASKA

Full Name (Last, First, Middle Initial) of Payee Alaska Dispatch News		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address P O Box 140147		Amount 6000.00	
City Anchorage	State AK	Zip Code 99501	
Purpose of Expenditure Advertising		Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Mark Begich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		6000.00	

Full Name (Last, First, Middle Initial) of Payee Alaska Dispatch News		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address P O Box 140147		Amount 3327.00	
City Anchorage	State AK	Zip Code 99514	
Purpose of Expenditure Advertising		Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Mark Begich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		9327.00	

Full Name (Last, First, Middle Initial) of Payee Fairbanks Daily News Miner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 200 North Cushman St		Amount 1270.00	
City Fairbanks	State AK	Zip Code 99701	
Purpose of Expenditure Advertising		Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		10597.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10597.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	10597.00