

# 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  /  /

5. COVERING PERIOD: FROM  /  /  2014  
THROUGH  /  /  2014

6. TOTAL CONTRIBUTIONS.....  25000.00

7. TOTAL INDEPENDENT EXPENDITURES .....  .00

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

<b>A. Full Name (Last, First, Middle Initial)</b> Laborers Local 341			Date of Receipt 09 / 24 / 2014		
Mailing Address 2501 Commercial Dr			<b>Transaction ID : F56.000001</b>		
City Anchorage	State AK	Zip Code 99501	Amount of Each Receipt this Period 25000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

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

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

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