REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and steel) Check If different than previously reported (c) City, State and ZIP Code AK ANCHORAGE AK 9501 S. FEC Identification Number (c) City, State and ZIP Code AK ANCHORAGE AK 9501 Cooupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) (a) April 15 Quarterly Report July 15 Quarterly Report 24-Hour Report X October 16 Quarterly Report 48-Hour Report January 31 Year-End Report 951 (b) Is this Report an amendment? No Y No Yes, it amends the report filed on (c) CoverPring PERIOD: FROM (c) TOTAL CONTRIBUTIONS 2014 (c) Total INDEPENDENT EXPENDITURES	1. (a) Name of Individual, Organization or Corporation WORKING FAMILIES OF ALASKA			
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 Quarterly Report Quarterly Report Quarterly Report Duarterly Report Cuarterly Report Duarterly Report Duarterly Report Duarterly Report Duarterly Report Cuarterly Report Duarterly Report Duarterly Report Cuarterly Report Duarterly Report Duarterly Counterly Report Cuarterly Report Cuarterly Report Cuarterly Report Duarterly Report Cuarterly Report Cuarterly Report Cuarterly Report Cuarterly Report Duarterly Report Cuarterly Re		ly reported		
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 Quarterly Report Quarterly Report Quarterly Report Quarterly Report Duarterly	(c) City, State and ZIP Code		3 FEC Identification Number	
	ANCHORAGE A	K 99501	3. TEC Identification Number	
(a) April 15 Quarterly Report July 15 Quarterly Report Q October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on FROM 07 / 01 / 2014 THROUGH 03 / 2014 6. TOTAL CONTRIBUTIONS	2. Occupation and Name of Employer (for Individual Filers Only)		C C90012402	
	4. TYPE OF REPORT (check appropriate boxes):			
Cotober 15 Quarterly Report determine dependent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion determine or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mr. Augustine J Merrick II	(a) April 15 Quarterly Report			
I sthis Report an amendment? No Yes, it amends the report filed on Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	July 15 Quarterly Report	24-Hour Report		
b) Is this Report an amendment? No • Scovering PERIOD: FROM • THROUGH 09 • Op 2014 6. TOTAL CONTRIBUTIONS	Cotober 15 Quarterly Report 48-Hour Report			
b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 07 01 2014 THROUGH 09 2014 6. TOTAL CONTRIBUTIONS 6. TOTAL CONTRIBUTIONS 6. TOTAL CONTRIBUTIONS	January 31 Year-End Report			
FROM 07 01 2014 THROUGH 09 30 2014 6. TOTAL CONTRIBUTIONS 6. TOTAL CONTRIBUTIONS 25000.00 7. TOTAL INDEPENDENT EXPENDITURES 00 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. DATE TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Mr. Augustine J Merrick II Mr. Augustine J Merrick II Mr. Augustine J Merrick II	b) Is this Report an amendment? 🗙 No 🗌 Yes,	it amends the report filed on		
7. TOTAL INDEPENDENT EXPENDITURES 100 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 Mr. Augustine J Merrick II Mr. Augustine J Merrick II	FROM 07 01	2014		
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 [Electronically Filed] Mr. Augustine J Merrick II	6. TOTAL CONTRIBUTIONS	[.	25000.00	
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 Mr. Augustine J Merrick II Mr. Augustine J Merrick II	7. TOTAL INDEPENDENT EXPENDITURES	C.	.00	
[Electronically Filed] Mr. Augustine J Merrick II Mr. Augustine J Merrick II			or concert with, or at the request or suggestion	
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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

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SCHEDULE 5-A ITEMIZED RECEIPTS

	nd Statements may not be sold or used by any per going the name and address of any political committee	
NAME OF FILER (In Full) WORKING FAMILIES OF ALASKA		
A. Full Name (Last, First, Middle Initial)		
Laborers Local 341		Date of Receipt
Mailing Address 2501 Commercial Dr		09 24 2014
City	State Zip Code	Transaction ID : F56.000001
Anchorage	AK 99501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25000.00
Name of Employer	Occupatio	n l
B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupatio	n
C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	
Name of Employer	Occupatio	n
D. Full Name (Last, First, Middle Initial)		
		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupatio	n
SUBTOTAL of Receipts This Page (optional)	▶ 25000.00
TOTAL This Period (last page carry total to	Line 6)	

25000.00