

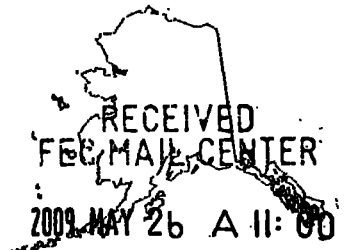


**LABORERS' INTERNATIONAL
UNION OF NORTH AMERICA
LOCAL 341**

2501 Commercial Drive, Anchorage, AK 99501

Phone (907) 272-4571 Fax (907) 274-0570

www.local341.com



May 19, 2009

Vicki Sue Davis
Senior Campaign Finance Analyst
Federal Election Commission
Washington, D.C. 20463

Dear Ms. Davis:

Attached please find an amended copy of Laborers' Local 341's Schedule 9-B filing. The date of communication, amount and date of disbursement or obligation were inadvertently omitted from the filing when it was initially submitted. We apologize for any inconvenience.

If you have any questions or further concerns, please do not hesitate to contact me.

Sincerely,

Mary Casey
Office Manager

Cc: Heidi Drygas, General Counsel

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER

2009 MAY 26 A 11:00

1. Person Making the Disbursements/Obligations

(a) Name Laborers' Local 341
 (b) Address (number and street) ☐ check if different than previously reported 2501 Commercial Dr.
 (c) City, State and ZIP Code Anchorage AK 99501
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C

3. Is This Statement

☒ New
or
☐ Amended

4. Covering Period

10 30 2008
through
11 04 2008

5. (a) Date of Public Distribution(s)

10 30 2008

(b) Communication Title

"Don Young Knows"

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 Mary Casey
 (b) Address (number and street) 2501 Commercial Drive
 (c) City, State and ZIP Code Anchorage AK 99501
 (d) Name of Employer or Principal Place of Business Laborers' Local 341 (e) Occupation Office Manager

9. Total Donations This Statement

N/A

10. Total Disbursements/Obligations This Statement

33,095.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mary H. Casey

SIGNATURE

Mary H. Casey

DATE

10/31/08

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

29030092773

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name	A. J. "Joey" Merrick		
	(b) Address (number and street)	2501 Commerical Drive		
	(c) City, State and ZIP Code	Anchorage Alaska 99501		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Labours' Local 341	Business Manager		
B.	(a) Name	Tom Brice		
	(b) Address (number and street)	710 West 9th Street		
	(c) City, State and ZIP Code	Juneau Alaska 99801		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Alaska Dist. Council Hobbs	Business Rep		
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		

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

<p>A. Full Name of Donor <i>N/A</i></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 9)

29030092775

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE

4 of 4

A. Full Name (Last, First, Middle Initial) of Payee <i>Moore Larry & Associates</i>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 10 / 29 / 2008 </div>	
Mailing Address of Payee <i>Box 233341</i>				Amount <div style="border: 1px solid black; padding: 2px;"> 33,095.00 </div>	
City <i>Anchorage</i>		State <i>AK</i>		Zip Code <i>99523</i>	
Name of Employer <i>Larry Moore & Associates Advertising</i>		Occupation <i>Advertising</i>		Communication Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2008 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) <i>Radio + television advertisement/communication "Don Young Knows"</i>					
Name of Federal Candidate <i>Rep. Don Young</i>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <i>AK</i> District: <i>(N/A)</i>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
				District:	
				Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
				District:	
				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				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City		State		Zip Code	
Name of Employer		Occupation		Communication Date	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought:		State:	
				District:	
				Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
				District:	
				Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
				District:	
				Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

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



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-4

May 7, 2009

Mary L. Casey
Laborers' Local 341
2501 Commercial Drive
Anchorage, AK 99501

Response Due Date:
June 8, 2009

Identification Number: C30001499

Reference: Filing(s) dated 10/31/08

Dear Ms. Casey:

This letter is prompted by the Commission's preliminary review of the filing(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

On Schedule 9-B of your filing, you have disclosed disbursements for which you have failed to include the date of communication, amount and date of disbursement or obligation. Please amend your filing to include the missing information. (11 CFR § 104.20(c)(4))

Unlike previous election cycles, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at

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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 checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 5/19/09
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible

<input type="checkbox"/> No Postmark

Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER
(3/2005)

5/26/09
DATE PREPARED

29030092778