

FAX

T R A N S M I T T A L

Date: 10/16/08

To: Federal Election Commission

From: Larry Fox

Re: Form 9

Total No. of Pages: 5 (including cover page)

F41

UFCW LOCAL 227
3330 Pinecroft Drive
Louisville, KY 40219

(502) 582-3508
(502) 582-9152 FAX

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28039871867

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Truth From American Workers

(b) Address (number and street) check if different than previously reported
3330 Pinecroft Drive

(c) City, State and ZIP Code
Louisville, KY 40219

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period 10/15/2008 through 10/16/2008

5. (a) Date of Public Distribution(s) 10/15/2008 (b) Communication Title KY, SOL IN, SOL OUT

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 Larry Fox

(b) Address (number and street) 3330 Pinecroft Drive

(c) City, State and ZIP Code Louisville KY 40219

(d) Name of Employer or Principal Place of Business UFCW Local 227

(e) Occupation Pension/401k Administrator

9. Total Donations This Statement 0

10. Total Disbursements/Obligations This Statement 128,324.10

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM LARRY FOX

SIGNATURE [Signature] DATE 10/16/2008

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

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

11. Person(s) Sharing/Exercising Control

A. (a) Name <i>Larry Fox</i>	
(b) Address (number and street) <i>503 Willow Stone Way</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40223</i>	
(d) Name of Employer or Principal Place of Business <i>UFCW Local 227</i>	(e) Occupation <i>Pension/VolK Administrator</i>
B. (a) Name <i>Dorie Downen</i>	
(b) Address (number and street) <i>7711 Beulah Church Road</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40228</i>	
(d) Name of Employer or Principal Place of Business <i>Teamsters Local 783</i>	(e) Occupation <i>UNION representative</i>
C. (a) Name <i>David Swift</i>	
(b) Address (number and street) <i>174 Midway Drive</i>	
(c) City, State and ZIP Code <i>Mt. Washington, KY 40047</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>Retired</i>
D. (a) Name <i>Laura Krichner</i>	
(b) Address (number and street) <i>1941 Bishop Lane Suite 300</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40218</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>retired</i>
E. (a) Name <i>Steve Earle</i>	
(b) Address (number and street) <i>1285 Island Ford Road</i>	
(c) City, State and ZIP Code <i>Madisonville, KY 42431</i>	
(d) Name of Employer or Principal Place of Business <i>UMWA</i>	(e) Occupation <i>UMW representative</i>

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

PAGE 2 OF 2

11. Person(s) Sharing/Exercising Control

A. (a) Name <i>Rick Kaiser</i>	
(b) Address (number and street) <i>4220 Persmont Drive</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40258</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>retired</i>
B. (a) Name <i>David Rigg</i>	
(b) Address (number and street) <i>7911 Blue Bonnet Road</i>	
(c) City, State and ZIP Code <i>Louisville, KY 40258</i>	
(d) Name of Employer or Principal Place of Business <i>N/A</i>	(e) Occupation <i>retired</i>
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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF

A. Full Name (Last, First, Middle Initial) of Payee
SEE CHANGE MEDIA LLC

Date of Disbursement or Obligation
10/14/2008

Mailing Address of Payee
8605 West Knoll Drive, Unit D

Amount
5,197.10

City West Hollywood, CA **State** CA **Zip Code** 90069

Name of Employer N/A **Occupation** N/A

Communication Date
10/16/2008

Purpose of Disbursement (Including title(s) of communication(s))
Radio advertising - Kentucky, Sold Indiana, Sold Ohio

Name of Federal Candidate Mitch McConnell	Office Sought: KY 772.66	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate John McCain	Office Sought: OH/IN 4424.44	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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
Mundy Katowitz Media, Inc.

Date of Disbursement or Obligation
10/14/2008

Mailing Address of Payee
1322 G Street NE

Amount
123,083.00

City Washington **State** DC **Zip Code** 20003

Name of Employer N/A **Occupation** N/A

Communication Date
10/16/2008

Purpose of Disbursement (Including title(s) of communication(s))
Radio advertising - Kentucky, Sold Indiana, Sold Ohio

Name of Federal Candidate Mitch McConnell	Office Sought: KY 28,707.00	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate John McCain	Office Sought: OH/IN 94,380.00	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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)

128284.10

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Federal Election Commission
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