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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation WORKING FAMILIES OF ALASKA			
(b) Address (number and street) check if di 2501 COMMERCIAL DR	ifferent than previously reported		
(c) City, State and ZIP Code		2. FFC Identification Number	
ANCHORAGE AK 99501		3. FEC Identification Number	
		C C90012402	
2. Occupation and Name of Employer (for Individual I	Filers Only)	0 090012402	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 10 21 2016			
THROUGH	10 / Y Y Y Y Y Y Y 2016		
6. TOTAL CONTRIBUTIONS		.00	
7. TOTAL INDEPENDENT EXPENDITURES			
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	[I	DATE Electronically Filed]	
Guillen, Kisha, , ,	Guillen, Kisha, , ,	10/21/2016	
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-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) WORKING FAMILIES OF ALASKA Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Marketing Strategies LLC 10 22 2016 Mailing Address 800 E. Dimond Blvd. Ste 3-680 Amount Zip Code City State 9379.75 Anchorage ΑK 99515 Transaction ID: F57.000001 Purpose of Expenditure ΑK Office Sought: House Category/ State: 004 Radio Buy Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Murkowski, Lisa, , , Check One: Support Oppose ✗ General Disbursement For: Primary Calendar Year-To-Date Per Election 2016 .00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Marketing Strategies LLC 10 22 2016 Mailing Address 800 E. Dimond Blvd. Ste 3-680 Amount City State Zip Code 9379.75 Anchorage AK 99515 Transaction ID: F57.000002 ΑK Purpose of Expenditure Office Sought: House Category/ State: 004 Radio Buy Type X Senate District:. President Name of Federal Candidate Supported or Opposed by Expenditure: Young, Don, , , **X** Support Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election .00 2016 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Larry Moore & Associates 2016 10 22 Mailing Address PO Box 233341 Amount State Zip Code City 250.00 AK 99523 Anchorage Transaction ID: F57.000003 Purpose of Expenditure Office Sought: AK House Category/ State: 004 Radio Production Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Murkowski, Lisa, , , **X** Support Check One: Oppose Disbursement For: 2016 Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 19009.50 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) WORKING FAMILIES OF ALASKA		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Larry Moore & Associates	10 22 2016	
Mailing Address PO Box 233341	Amount	
City State Zip Code	Amount	
Anchorage AK 99523	250.00 Transaction ID : F57.00004	
Purpose of Expenditure Radio Production Category/ Type 004	Office Sought: House State: AK	
Name of Federal Candidate Supported or Opposed by Expenditure: Young, Don, , ,	Check One: District: President Support Oppose	
Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: Primary General 2016 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination		
	M = M / D = D / Y = Y = Y	
Mailing Address	_	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
	M M / D D / Y Y Y Y	
Mailing Address		
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President	
	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	250.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	19259.50	