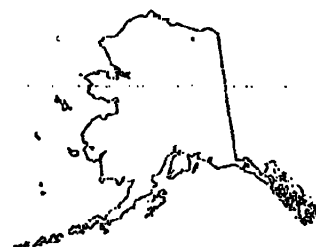




# LABORERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 341

2501 Commercial Drive, Anchorage, AK 99501  
Phone (907) 272-4571 Fax (907) 274-0570  
www.local341.com



## FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
FEC	Working Families of Alaska
COMPANY:	DATE:
	1/26/13
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
202-219-0174	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
Year End 2012 Report	

☐ URGENT    ☐ FOR REVIEW    ☐ PLEASE COMMENT    ☐ PLEASE REPLY    ☐ PLEASE RECYCLE

JOEY MERRICK  
BUSINESS MANAGER  
SECRETARY-TREASURER

RON MCPHETERS  
PRESIDENT

RON AXTELL  
VICE-PRESIDENT

LARRY MOONEY  
BUSINESS REPRESENTATIVE

STACY ALLEN  
HEALTHCARE UNIT  
REPRESENTATIVE

13031020935

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <i>Working Families of Alaska</i>		3. FEC Identification Number <i>C 90012402</i>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>2501 Commercial Dr</i>		
(c) City, State and ZIP Code <i>Anchorage, Ak. 99501</i>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☒ January 31 Year-End Report☐ 48-Hour Reportb) Is this Report an amendment? Yes ☐ No ☐

## 5. COVERING PERIOD: FROM

10 01 2012  
THROUGH

12 31 2012

6. TOTAL CONTRIBUTIONS ..... -0-

7. TOTAL INDEPENDENT EXPENDITURES ..... -0-

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*A.J. Merrick II**A.J. Merrick II**1/25/13*

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

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

13031020936

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE OF

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional) ..... ▶ - 0 -

TOTAL This Period (last page carry total to Line 6) ..... ▶

13031020937

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE OF  
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)-

*Working Families of Alaska*

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶ \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶ \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶ \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

- 0 -

- 0 -

13031020938

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
PREPARER

N/A  
DATE PREPARED

(5/2004)

13031020939