FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

I. Person Making the Disbursements/Obligations	
(a) Name Laborers' Local 341	
(b) Address (number and street)	reported
2501 Commercial Or	2. FEC Identification Number
(c) City, State and ZIB Code Anchorage HK 99501	Comments with the same of the
(d) Name of Employer or Principal Place of Business	(e) Occupation
land.	vering Period A C C C C C C C C C C C C C C C C C C
6 Amended	Constant Contraction of the Cont
5. (a) Date of Public Distribution(s)	(b) Communication Title "Don Youngknous"
5. The filer is a(n): (a) [[] Individual (b) [] Unincorporated Org	anization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit	
(e): !! Other, specify:	
(e):; Outer, specify.	
If the filer is an Individual, unincorporated organization were the disbursements made exclusively from donate	
3. Custodian of Records	
(a) Name Mary Casey	
(b) Address (number and street) Sommerica	l Drive
(c) City, Shate and ZIR Code (d) Name of Employer or Principa Place of Business	7501 (e) Occupation
Laborers' Local 341	Office Manager
3. Total Donations This Statement	ginglet, " 1 th had continued an wingerment, with any prescription of general legities of
0. Total Disbursements/Obligations This Statement	Provide Commission of Minister Commission Co
Under penalty of perjury, I certify that this statement is true, correct	et and complete.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	Mary L. Casey
SIGNATURE Mary Lasey	DATE 10/31/08
NOTE: Submission of laise, arrangous or incomplete information may sub	elect the person sloning this statement to the generales of 2 U.S.C. \$437q.

FEC FORM 8 (REV. 12/2007)

ad	Person(s) Sharing/Exercising Control ditional pages as necessary)	PAGE OF
Pers	on(s) Sharing/Exercising Control	
A.	(a) Name A. J. " Snew" Marrial	
	(b) Address (number and street) 3501 Commercal Prince	
	(c) City State and ZIP Code (Shocker 9950)	
	(d) Name of Employer or Principal Place of Business (a) Occupation	200
	Yabours 20001341 Dusen	ess // brage
В.	(a) Name Ton Brice	, ,
	(b) Address (number and street) as A Pub Stract	
	(c) City. State and ZIP Code Current Claska 99801	
	(d) Name of Employer or Principal Place of Business (e) Occupation Clasks Dest. Council Alabas Business	ness Repu
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	· · · · · · · · · · · · · · · · · · ·

FE3AN038,PDF

FEC FORM 8 (REV. 12/2007)

A.	Full Name of Donor		 _	Date of Receipt
	Malling Address of Donor	·		The control of the co
			<u>. </u>	Especial contraction of the cont
	City	State	Zip	ห้านหาในแบกโนการให้หากเกิดเหตุปน์แบบรริบันแน่ในเหตุเป็นเหตุให้เกิดเรื่องเมื่อเหตุให้เกิดเหตุให้เกิดเหตุให้เกิดเหตุ
В.	Full Name of Donor			Date of Receipt
	Mailing Address of Danor			Annual manual sales s
				Emerational district description with the seasing and the description of the season of
	City	State	Zip	i mens unvaluratitare virandapa Herrioruntir un Vicari
C.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			and a second sec
				Amount կառողատորատորատության արժանական արևանական արևան արևանական արևանական արևանական արևանական արևանական արևանական ար
	City	State	Zip	นี้ และเก็บแบบนี้แนงเรียกแบบใหญ่ และ เรียกเก็บ เก็บ เก็บ เก็บ เก็บ เก็บ เก็บ เก็บ
D.	Full Name of Donor			Date of Receipt
	Malling Address of Donor			mannes menten an accombine mentigenen bereichte.
				Amoun! «դատությ-ասգ-աջ-աջ-այեր արև արև արև արև արև արև արև արև արև ար
	City	State	Zip	Antonio Anno Armosto Proteino especier no Vica Alexandria monal Present
E.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Michael Anna Jenara Barta quant man manana la dan an man manana dan an man manana la dan an man manana dan man manana la dan an man manana la dan man man manana la dan man man man man man man man man man m
	City	State	Zip	Amount
	<u></u>			hamaling dhandkhaman shuredhamale unterecht and
370	TAL of Donations This Page (d	optiansl)		
	This Period (lest page this line			Managers Lanena Grunnan Herpers Hannellangers Hannellangers Hannellanders Hannellanders Hannellanders Hannellanders

FESANOS6,PDF

FEC FORM 8 (REV. 12/2007)

98%

CHEDULE 9-B sbursement(s) Made or O	bilaation(s)		PAGE FOR
Full Name (Last, First, Middle Initia	al) of Payee	sociates,	Date of Disbursement or Obligation
Mailing Address of Payee Bry 23334/	g - u		amouth คนนี้ ในเทย พายที่ โดยสนับสาย โดยสนับสาย โดยสนับสาย โดยสนับสาย โดยสนับสาย โดยสนับสาย เกาะเล่าว่า เล่าว่า
Civanoboroae	State AK	Zip Code 995 2: 3	โรแมร์และเกียกเลือนเลี้ยแล่ง และโอเมนี้น และโอเมนี้น และโอเมน์ Communication Date
Name of Employer Mod Purpose of District Manual (Including	re Elesson	cioles. Adverti	or d nevertences per principal posterior of the contraction of the con
Radio + teli	euson a	direct scinent/Cin	
Rep. Den Young	Office Sought:	House State: AK Senste President House State: AK District: (N/A)	Disburaement/Obligation For: Primary General Other (specify)
Name of Federal Candidate	Office Sought.	House State	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate	Office Sought:	President House State: Senste District:	Disbursement/Obligation For: Primary General
Full Name (Last, First, Middle Initia	II) of Pavee	President District:	Other (specify) Date of Disbursement or Obligation
Mailing Address of Payee		<u> </u>	Amount
City	State	Zip Code	germen parameter mangement parameter congruence (การ manimeter)
Name of Employer	Occupat	ian	Communication Date
Purpose of Disbursement (Including	title(s) of communica	tion(s))	
Name of Federal Condidate	Office Sought:	House State:	Disbursement/Obilication For:
Name of Faderal Candidate	Office Sought:	President House State:	Disbursement/Obligation For: Commany Commany Commany Commany Commany Commany Command Command
No of Sadard Sandada	Off on South 188	Senate District; ———	Other (specify)
Name of Federal Candidate	Office Sought:	House State: Senate District:	DisbursemenVObligation For: Primary General Other (specify)
JBTOTAL of Disbursements/Obligat	iona This Page (option	<u> </u>	The entire cities of the market promotes and the species are becaused in the beautiful and the second of the secon
OTAL This Period (last page this lin (carry total from last page to	_		

FE3AN038.PDF

FEC FORM 8 (REV. 12/2007)

Federal Election Commission ENVELOPE REPLACEMENT PAGE

FOR INCOMING	DOCUMENTS		
The FEC added this page to the end of this	s filing to indicate now it was received.		
Hand Delivered	Date of Receipt		
USPS First Class Mail	Postmarked		
USPS Registered/Certified	Postmarked (R/C)		
	Postmarked		
USPS Priority Mail	Delivery Confirmation ™ Label		
USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Received from House Records & Registr	Date of Receipt ration Office		
Received from Senate Public Records C	Date of Receipt Office		
Received from Electronic Filing Office	Date of Receipt		
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)			