

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****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 L. Casey

SIGNATURE

Mary L. 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.

FEC FORM 9 (REV. 12/2007)

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		
		Laborers' 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 Labor 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		

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor <u>N/A</u> Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> MM / DD / YY </div> Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div>				
B. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> MM / DD / YY </div> Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div>				
C. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> MM / DD / YY </div> Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div>				
D. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> MM / DD / YY </div> Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div>				
E. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> MM / DD / YY </div> Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div>				
<table border="1" style="width: 100%;"> <tbody> <tr> <td style="width: 60%;"> SUBTOTAL of Donations This Page (optional) ▶ </td> <td style="width: 40%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div> </td> </tr> <tr> <td> TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9) </td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div> </td> </tr> </tbody> </table>		SUBTOTAL of Donations This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div>	TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div>
SUBTOTAL of Donations This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div>				
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div>				

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SCHEDULE 9-B**Disbursement(s) Made or Obligation(s)**

PAGE

4 of 4

A. Full Name (Last, First, Middle Initial) of Payee <u>Moore Larry & Associates</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 10 / 05 / 2000 </div>	
Mailing Address of Payee <u>Box 233341</u>				Amount <div style="border: 1px solid black; padding: 2px;"> \$ 100.00 </div>	
City <u>Anchorage</u>		State <u>AK</u>		Zip Code <u>99523</u>	
Name of Employer <u>Larry Moore & Associates Advertising</u>				Communication Date <div style="border: 1px solid black; padding: 2px;"> 10 / 05 / 2000 </div>	
Purpose of Disbursement (including title(s) of communication(s)) <u>Radio + television advertisement/communication "Don Young Knows"</u>					
Name of Federal Candidate <u>Rep. Don Young</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input 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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input 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		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 <div style="border: 1px solid black; padding: 2px;"> 10 / 05 / 2000 </div>	
Mailing Address of Payee 				Amount <div style="border: 1px solid black; padding: 2px;"> \$ 0.00 </div>	
City 		State 		Zip Code 	
Name of Employer 				Communication Date <div style="border: 1px solid black; padding: 2px;"> 10 / 05 / 2000 </div>	
Purpose of Disbursement (including title(s) of communication(s)) 					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input 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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input 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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input 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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursements/Obligations This Page (optional)	\$ 100.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	\$ 100.00

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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 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

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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

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