

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.

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