

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

Office Use Only 16 SEP 20 AM 9:16

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 Citizens for Joe Miller, Inc.

ADDRESS (number and street) 250 Cushman Street, Suite 2A (Check if address is changed) Fairbanks CITY AK STATE 99701 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (X) (Check if address is changed) 2016@joemiller.us Optional Second E-Mail Address libertyfirstalaska@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) www.joeforliberty.com

2. DATE 09 / 16 / 2016

3. FEC IDENTIFICATION NUMBER C 00522730

4. IS THIS STATEMENT NEW (N) OR (X) AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas John Nelson

Signature of Treasurer

Date

09 / 16 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Joe Miller

Candidate Party Affiliation ALP Office Sought: House  Senate  President  State AK District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation
  - Corporation w/o Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

Write or Type Committee Name

Citizens for Joe Miller, Inc.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Thomas John Nelson

Mailing Address

PO Box 670123

Chugiak

AK

99567

0123

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

907

360

1572

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Thomas John Nelson

Mailing Address

PO Box 670123

Chugiak

AK

99567

0123

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

907

360

1572

2016093002092911

Full Name of Designated Agent

Naomi Sweetman

Mailing Address

6450 O'Malley Road

Anchorage

AK

99507

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

907

830

7296

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Branch Banking & Trust Co. (BB&T)

Mailing Address

2200 Wilson Blvd Suite 100

Arlington

VA

22201

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

First National Bank Alaska (FNBA)

Mailing Address

431 Merhar Ave

Fairbanks

AK

99701

CITY

STATE

ZIP CODE

201609300200394012



# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark  
USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

9-16-19

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 9-20-16

21609300200394014

