FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Alaskans for Don Young 2504 Fairbanks St ADDRESS (number and street) (Check if address is changed) Anchorage 99503-2822 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tylan@vergebenservices.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.alaskansfordonyoung.com (Check if address is changed) DATE 2019 C00012229 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Boyles, Rhonda, , , Type or Print Name of Treasurer Boyles, Rhonda,,, [Electronically Filed] 02 26 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE c 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. (Cominformation below.)	plete the candidate
Nam Can	e of didate	Young, Donald, E, ,	
	didate y Affiliati	on REP Office Sought: * House Senate President	State AK District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

		ı
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Write or Type Committee Name	e	
Alaskans for Do	on Young	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Take Back the House	2020	
Mailing Address	PO Box 30844	
	Bethesda MD 20824-08	344
		adership PAC Sponsor
books and records.	nutry by name, address (prione number optional) and position of the person in pos	ssession of committee
Schrock, ⁻	Tylan, , ,	1
	PO Box 2814	
Mailing Address		
	00004.2	014
	Seward AK 99664-26	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 907 –	491 – 1175
3. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name Boyles, Rh of Treasurer	honda, , ,	
Mailing Address	11508 Tanglewood Lakes Circle	
	Anchorage AK 99516 CITY STATE	ZIP CODE
Title or Position Treasurer		491 - 1175

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Full Name of Designated	Thayer, Curtis, , ,	
Agent	4000 Marian Avanua	
Mailing Address	4938 Marion Avenue	
	Anchorage AK 995	08-4846
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		- 223 - 8270
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds. Depository, etc.	holds accounts, rents
Banks or Other safety deposit be Name of Bank,	ooxes or maintains funds.	holds accounts, rents
safety deposit b	Depository, etc. Wells Fargo Bank 18302 Woodmont Avenue	holds accounts, rents
safety deposit bo Name of Bank,	Depository, etc. Wells Fargo Bank 18302 Woodmont Avenue	holds accounts, rents
safety deposit bo Name of Bank,	Depository, etc. Wells Fargo Bank 18302 Woodmont Avenue	
safety deposit be Name of Bank,	Depository, etc. Wells Fargo Bank 8302 Woodmont Avenue	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 8302 Woodmont Avenue Bethesda CITY STATE	14
safety deposit bo Name of Bank,	Depository, etc. Wells Fargo Bank 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	14
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc. Wells Fargo	14
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc. Wells Fargo P.O. Box 6995	14
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc. Wells Fargo P.O. Box 6995	14
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc. Wells Fargo P.O. Box 6995	14

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 2814		
	Seward	AK	99664
District and the	CITY A	STATE A	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee Join Join by by name, address (phone number – optional)		
Connecte Designated Agent: Identif	Affiliated Committee Join by pame, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee y Join y by name, address (phone number – optional) CITY		
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or markets	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	PATRIOT DAY II 2	2020 		
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA I	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address TITLE OR POSITION	•		
9.	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	STATE ▲ lephone Number	ZIP CODE A
9.	TITLE OR POSITION	ries: List all banks or other depositories in which	STATE ▲ lephone Number	ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	STATE ▲ lephone Number	ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which sintains funds.	STATE ▲ lephone Number	ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which sintains funds.	STATE ▲ lephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
GT FARM TEAM			
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A