

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2020 JUN 26 AM 9:16  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

AFOGNAK NATIVE CORPORATION - ALUTIIQ PAC

ADDRESS (number and street)

3909 ARCTIC BLVD.



Check if different than previously reported. (ACC)

SUITE 500

ANCHORAGE

AK

99503

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00443937

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c)

- 12-Day PRE-Election Report for the:
  - Primary (12P)
  - Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d)

- 30-Day POST-Election Report for the:
  - General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2019

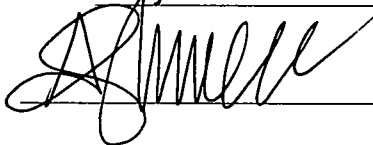
through

MM / DD / YYYY  
12 / 31 / 2019

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

Type or Print Name of Treasurer Amy J. Shimek

Signature of Treasurer



Date

MM / DD / YYYY  
04 / 15 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AFOGNAK NATIVE CORPORATION - ALUTIIQ PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		40,415.14
(b) Cash on Hand at Beginning of Reporting Period.....	41,720.14	
(c) Total Receipts (from Line 19) .....	1,920.00	4,060.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43,640.14	44,475.14
7. Total Disbursements (from Line 31).....	4,435.00	5,270.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39,205.14	39,205.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AFOGNAK NATIVE CORPORATION - ALUTIIQ PAC**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2019

To:

MM / DD / YYYY  
12 / 31 / 2019

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1,920.00

4,060.00

(ii) Unitemized .....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,920.00

4,060.00

(b) Political Party Committees .....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,920.00

4,060.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,920.00

4,060.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,920.00

4,060.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	4,250.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	935.00	1,020.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	935.00	1,020.00
29. Other Disbursements (Including Non-Federal Donations).....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4,435.00	5,270.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,435.00	5,270.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1,920.00	4,060.00
34. Total Contribution Refunds (from Line 28(d)) .....	935.00	1,020.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	985.00	3,040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

RECEIVED : 100 : 011 : 000 : 0000

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 3  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AFOGNAK NATIVE CORPORATION - ALUTIIQ PAC**

**A. BARNES, ELIJAH**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**2348 COURT CIRCLE**

City **VIRGINIA BEACH** State **VA** Zip Code **23453**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **ALUTIIQ, LLC** Occupation (for Individual) **Subject Matter Expert**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**520.00**

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period  
**240.00**

Memo Item  
\*\$20 payroll deduction 7/10, 7/25, 8/9, 8/23, 9/10, 9/25, 10/10, 10/25, 11/8, 11/25, 12/10, 12/20

**B. Brewer, Darrell G.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**6629 Stella Road**

City **Goodsprings** State **TN** Zip Code **38460**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Alutiiq, LLC** Occupation (for Individual) **Consultant**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,040.00**

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period  
**480.00**

Memo Item  
\*\$40 payroll deduction 7/10, 7/25, 8/9, 8/23, 9/10, 9/25, 10/10, 10/25, 11/8, 11/25, 12/10, 12/20

**C. Hambright, Greg**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**4982 Cape Seville**

City **Anchorage** State **AK** Zip Code **99516**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Afognak Native Corporation** Occupation (for Individual) **President/CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period  
**600.00**

Memo Item  
\*\$50 payroll deduction 7/10, 7/25, 8/9, 8/23, 9/10, 9/25, 10/10, 10/25, 11/8, 11/25, 12/10, 12/24

**SUBTOTAL** of Receipts This Page (optional).....▶ **1,320.00**

**TOTAL** This Period (last page this line number only).....▶ **1,320.00**

RECEIVED BY: [unclear]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 3  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AFOGNAK NATIVE CORPORATION - ALUTHIQ PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Drabek, Alisha**

Mailing Address

1522 E. Kouskov St.

City

Kodiak

State

AK

Zip Code

99615

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Afognak Native Corporation

Occupation (for Individual)

Executive Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

300.00

Memo Item

\*\$25 payroll deduction 7/10, 7/25, 8/9, 8/23, 9/10, 9/25, 10/10, 10/25, 11/8, 11/25, 12/10, 12/24

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hines, Allen**

Mailing Address

10101 Road 2611

City

Philadelphia

State

MS

Zip Code

39350

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Alutiiq, LLC

Occupation (for Individual)

Chief Operating Officer

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

300.00

Memo Item

\*\$25 payroll deduction 7/10, 7/25, 8/9, 8/23, 9/10, 9/25, 10/10, 10/25, 11/8, 11/25, 12/10, 12/20

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ridle, Teresa**

Mailing Address

7931 Canal St.

City

Anchorage

State

AK

Zip Code

99502-4231

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

AFOGNAK NATIVE CORP.

Occupation (for Individual)

VP OF ADMINISTRATION

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

MM / DD / YYYY  
03 / 22 / 2019

Amount of Each Receipt this Period

0.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

600.00

**TOTAL** This Period (last page this line number only)..... ▶

1,920.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 3

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AFOGNAK NATIVE CORPORATION - ALUTHIQ PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RIDLE, TIMOTHY**

Mailing Address

7931 CANAL ST.

City

ANCHORAGE

State

AK

Zip Code

99502-4231

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

MUNICIPALITY OF ANCHORAGE

Occupation (for Individual)

DRIVER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

MM / DD / YYYY  
03 / 22 / 2019

Amount of Each Receipt this Period

0.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

1,920.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AFOGNAK NATIVE CORPORATION - ALUTHIQ PAC**

Full Name (Last, First, Middle Initial) <b>A. Alaskans for Don Young</b>		Date of Disbursement MM / DD / YYYY <b>08 / 14 / 2019</b>
Mailing Address <b>P.O. Box 100298</b>		FEC Identification Number <b>C 00012229</b>
City <b>Anchorage</b>	State <b>AK</b>	Zip Code <b>99510</b>
Purpose of Disbursement <b>Contribution</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
Candidate Name <b>Don Young</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>AK</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. Alaskans for Don Young</b>		Date of Disbursement MM / DD / YYYY <b>09 / 12 / 2019</b>
Mailing Address <b>P.O. Box 100298</b>		FEC Identification Number <b>C 00012229</b>
City <b>Anchorage</b>	State <b>AK</b>	Zip Code <b>99510</b>
Purpose of Disbursement <b>Contribution</b>		Amount of Each Disbursement this Period <b>500.00</b>
Candidate Name <b>Don Young</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>AK</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. True North PAC</b>		Date of Disbursement MM / DD / YYYY <b>09 / 12 / 2019</b>
Mailing Address <b>1316 Alexandria Avenue</b>		FEC Identification Number <b>C 00571000</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22308</b>
Purpose of Disbursement <b>Contribution</b>		Amount of Each Disbursement this Period <b>2,000.00</b>
Candidate Name <b>Dan Sullivan</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>AK</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>3,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3,500.00</b>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
**AFOGNAK NATIVE CORPORATION - ALUTIIQ PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BARNES, ELIJAH</b>			Nature of Debt (Purpose): <b>Non-deposit of employee contribution within 30 days of receipt</b>
Mailing Address <b>2348 COURT CIRCLE</b>			
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23453</b>	

Outstanding Balance Beginning This Period <b>220.00</b>	Amount Incurred This Period <b>0.00</b>	Payment This Period <b>220.00</b>	Outstanding Balance at Close of This Period <b>0.00</b>
--	--	--------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BREWER, DARRELL G.</b>			Nature of Debt (Purpose): <b>Non-deposit of employee contribution within 30 days of receipt</b>
Mailing Address <b>6629 STELLA ROAD</b>			
City <b>GOODSPRINGS</b>	State <b>TN</b>	Zip Code <b>38460</b>	

Outstanding Balance Beginning This Period <b>440.00</b>	Amount Incurred This Period <b>0.00</b>	Payment This Period <b>440.00</b>	Outstanding Balance at Close of This Period <b>0.00</b>
--	--	--------------------------------------	--

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HAMBRIGHT, GREG</b>			Nature of Debt (Purpose): <b>Non-deposit of employee contribution within 30 days of receipt</b>
Mailing Address <b>4982 CAPE SEVILLE</b>			
City <b>ANCHORAGE</b>	State <b>AK</b>	Zip Code <b>99516</b>	

Outstanding Balance Beginning This Period <b>450.00</b>	Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>450.00</b>
--	--	------------------------------------	--

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<b>450.00</b>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**AFOGNAK NATIVE CORPORATION - ALUTIIQ PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DRABEK, ALISHA**

Nature of Debt (Purpose):

**Non-deposit of employee contribution within 30 days of receipt**

Mailing Address

**1522 E. KOUSKOV ST.**

City

**KODIAK**

State

**AK**

Zip Code

**99615**

Outstanding Balance Beginning This Period

**225.00**

Amount Incurred This Period

**0.00**

Payment This Period

**0.00**

Outstanding Balance at Close of This Period

**225.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**HINES, ALLEN**

Nature of Debt (Purpose):

**Non-deposit of employee contribution within 30 days of receipt**

Mailing Address

**10101 ROAD 2611**

City

**PHILADELPHIA**

State

**MS**

Zip Code

**39350**

Outstanding Balance Beginning This Period

**275.00**

Amount Incurred This Period

**0.00**

Payment This Period

**275.00**

Outstanding Balance at Close of This Period

**0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ▶

**225.00**

2) **TOTALS** This Period (last page this line number only)..... ▶

**675.00**

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

**0.00**

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**675.00**

RECEIVED  
FEC MAIL CENTERS

2020 JUN 26 AM 9:16

ORIGIN ID: CYMA (907) 222-9500  
TINA FISHER  
ALUTIIQ LLC  
3909 ARCTIC BLVD. SUITE 500

SHIP DATE: 10APR20  
ACTWGT: 1.00 LB  
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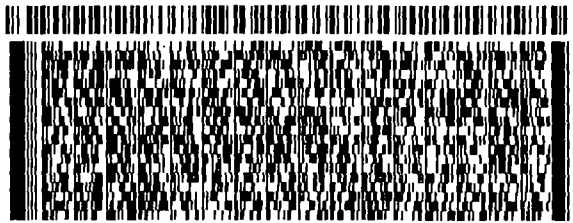
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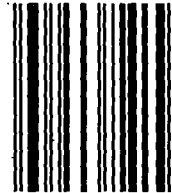
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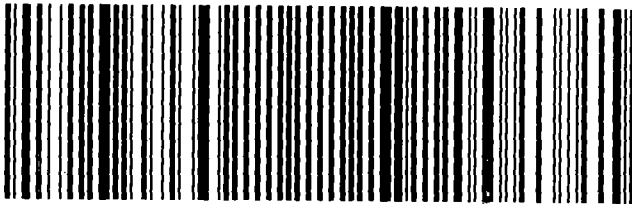
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