RECEIVED FEC MAIL CENTER

2009 APR -2 A 8 55

STATEMENT OF **ORGANIZATION**

TORWIT		·		Office Use Only	
1. NAME OF COMMITTEE (in ful	(Check if name 1) is changed)	Example: If typing, type over the lines.	12FE4M5	·	
DENALI	LEADERSH	IP PAC		لىنىسى	
				ليسينين	
ADDRESS (number and street) L.6/58 ESSEX PARK DRIVE					
(Check if addre is changed)		6.E	AK E	195/6-	
		СПУ	STATE	ZIP CODE	
COMMITTEE'S E-MAIL	ADDRESS (Please provide only on	e e-mail address)			
- (Check if add	Hreoswer	denalileader	shippaa	orgill	
is changed)	<u> </u>				
COMMITTEE'S WEB PA	GE ADDRESS (URL)			· · · · · · · · · · · · · · · · · · ·	
(Check if add	TRESS LILL LILL LILL LILL LILL LILL LILL L	<u> </u>	11111		
is changed)					
2. DATE 0.3	33 3009			· :	
3. FEC IDENTIFICATION NUMBER CO043829]					
4. IS THIS STATEMEN	NEW (N) OR	AMENDED (A)			
I certify that I have exam	mined this Statement and to the b	est of my knowledge and belief	il is true, correct a	nd complete.	
Type or Print Name of 1	reasurer MALY (S GORE			
Signature of Treasurer	may 6	Gore	Date 03	/ 22 / 2009 ·	
NOTE: Submission of fals	e, erroneous, or incomplete informati	ion may subject the person signing		ne penalties of 2 U.S.C. §437g.	
Office Use Only	·	For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

FEC Fo	rm 1 (Revised 02/2009)	Page 2				
	COMMITTEE					
Candidate	e Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below	r.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affiliat	Office ion Sought: House Senate President	State				
		District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Cor	nmittee:					
(ď)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political A	ction Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Com	mittees Participating in Joint Fundraiser					
1.		-				
2.	FEC ID number C	•				
3.	FEC ID number C					
4.						

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Write or Type Committee Na	ime	
Denali	Leadership PAC	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
A The Mario	11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
DEM AI JOKE	LISA MURKOUSKI	<u> </u>
Mailing Address	1709 NARTI IS EN ATE BUTL	oth G
	WASHINGTON !!!!!	00 205101-
		STATE ZIP CODE
Relationship: Connec	ded Organization Affiliated Committee Joint Fundraising Re	presentative XLeadership PAC Sponsor
	The organization of the control of t	Account to change
7. Custodian of Records: k books and records.	dentify by name, address (phone number optional) and position	of the person in possession of committee
Full Name LTK	CEASURER	
Mailing Address	<u> </u>	
Title or Position	CITY	TATE ZIP CODE
	Telephone numbe	•
8. Treasurer: List the name any designated agent (e.g	and all the second second of the second seco	mmittee; and the name and address of
Full Name of Treasurer	Ry G GORE	
Mailing Address	16158 ESSEX PARK I	PIVE
	<u> </u>	<u> </u>
	Anchorage	46 1995/61-1
		TATE ZIP CODE
Title or Position Treasure	Y	907-1868-0837

CITY

STATE

4.

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

903006160

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	.
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirma	tion™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business I	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
SV .	4/2/09
PREPARER (3/2005)	DATE PREPARED