FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER
Office Use Only

| FORM 1 | | UNGANI | ZMIN | JIN | | FEC A | AIL CENTE |
|---|----------------------|---|-----------|--|----------------|------------------|----------------|
| 1. NAME OF COMMITTEE (in | n full) | (Check if name is changed) | | mple:If typing, type the lines. | 12FE4M | 5 | |
| ALASKA C | ONGF | RESSIONAL | CAU | CUS | 1111 | 1111 | |
| | | | | _1_1_1_1_1_1 | 1111 | <u> </u> | لتبييا |
| ADDRESS (number a | nd street) | P. O. BOX 3 | 98/1 | <u> </u> | | | لحصي |
| (Check if a is changed) | | MIAMI BEAC | CH | | FL | 33239 | J- <u>L</u> -J |
| | | | CITY | | STATE | ZIP C | ODE |
| COMMITTEE'S E-MA | | s (Please provide only on UScongress | | _{dress)} Caucuses@i | gmail.c | om , , , | |
| is change | | | | | | | لتتتب |
| COMMITTEE'S WEB PAGE ADDRESS (URL) | | | | | | | |
| (Check if | address | | لللل | | | | |
| is changed) | | | <u></u> | | | | للسلسا |
| 2. DATE 11 | l [™] ′ 8 ′ | ° ′ 20 12 | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER C | | | | | |
| 4. IS THIS STATE | MENT 🗵 | NEW (N) OR | | AMENDED (A) | | | |
| I certify that I have | examined thi | s Statement and to the b | est of my | knowledge and belief it | is true, corre | ct and complete. | |
| Type or Print Name | of Treasurer | JERRY MC | KEN | DY | | | |
| Signature of Treasur | er <u></u> | Day MCK | <i></i> | ····· | Date 1 | 1"′Ö8°′ | Ž012 ° |
| 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 Use Only | | | | For further Information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC F(| • |

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|-----------------|---|---|--|--|--|--|
| | | OMMITTEE | | | | |
| Cand | lidate | Committee: | | | | |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below | N.) | | | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.) | emplete the candidate | | | |
| Name Candid | | | | | | |
| Candid Party | | on Office Sought: House Senate President | State District | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name Candid | - | | 1!!!!!! | | | |
| Party | / Сол | mittee: | | | | |
| (d) | | (National, State This committee is a or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | |
| Politi | cal A | ction Committee (PAC): | | | | |
| (e) | П | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c | onnected organizatioπ is a | | | |
| (- <i>)</i> | ш | | • | | | |
| | | Corporation Corporation w/o Capital Stock | Labor Organization | | | |
| | | Membership Organization Trade Association | Cooperative | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) | \boxtimes | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., noncommected committee) | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| Joint | Fund | ralsing 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 committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | |
| • | 1. | FEC ID number C | | | | |
| | 2. | FEC ID number C | | | | |
| | 3. | FEC ID number C | | | | |
| | 4. | | | | | |

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| Write or Type Committee Name | е . | |
| ALASKA CONG | RESSIONAL CAUCUS | |
| 6. Name of Any Connected T | Organization, Affiliated Committee, Joint Fundralsing Representative, | or Leadership PAC Sponsor |
| NONE | | |
| 119114 | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connecte | d Organization Affiliated Committee Joint Fundraising Representa | ative Leadership PAC Sponsor |
| | | |
| Custodian of Records: Idea books and records. | ntify by name, address (phone number optional) and position of the po | erson in possession of committee |
| Full Name JERR | RY MCKENDY | |
| | P. O. BOX 398716 | |
| Mailing Address | | |
| | MIAMI BEACH | 133239 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| CFO | Telephone number 30 | 05, [761, [5546 , _] |
| 8. Treasurer: List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; assistant treasurer). | ; and the name and address of |
| Full Name JERR | RY MCKENDY | |
| of Treasurer | | |
| Mailing Address | P. O. BOX 398716 | |
| | | |
| | MIAMI BEACH FL | 33239 |
| Title or Position | CITY STATE | ZIP CODE |
| TREASURER | Telephone number | 05, _ [761, _ 5546, _ |

| | | | _ |
|--|---|---|--------------------------|
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| | | | |
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | СПУ | STATE | ZIP CODE |
| Title or Position | | | |
| | 1 | Gelephone number | - - |
| Banks or Other Depositions safety deposit boxes or Name of Bank, Depositor | | h the committee deposits fund: | s, holds accounts, rents |
| CH | AŞĘ BANK, , , , , , , , , , , , , , , , , , , | 1111111 | |
| Mailing Address | 1801,ALTON,ROAD | <u> </u> | |
| | | | |
| | MIAM! BEACH | FL [3 | 3139 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Deposito | ory, etc. | | |
| <u> </u> | | | |
| Mailing Address | | | |
| | | | |
| | | ا ليا ليب | |
| | CITY | STATE | ZIP CODE |

| Federal Election Cor ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili | R INCOMING DOCUMENTS |
|---|-------------------------------|
| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked 10 2012 |
| Delivery Confirmation [™] or Sig | nature Confirmation™ Label |
| USPS Express Mail | Postmarked |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery |
| Received from House Records & Registration | Date of Receipt on Office |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | Date of Receipt or Postmarked |
| PY | 11/30/2012 |
| PREPARER (3/2005) | DATE PREPARED |