

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
ALASKANS STANDING TOGETHER

ADDRESS (number and street) PO BOX 243454  
 Check if different than previously reported. (ACC)  
ANCHORAGE AK 99524

2. **FEC IDENTIFICATION NUMBER** C00489385  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 23 2010 through 12 31 2010

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 Barbara Donatelli  
Signature of Treasurer Electronically Filed by Barbara Donatelli Date 05 27 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ALASKANS STANDING TOGETHER

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		0.00
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	84000.00									
(c) Total Receipts (from Line 19) .....	100000.00	1824000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	184000.00	1824000.00								
7. Total Disbursements (from Line 31) .....	172442.01	1812442.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11557.99	11557.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

ALASKANS STANDING TOGETHER

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	100000.00	1819000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	100000.00	1819000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	100000.00	1824000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	100000.00	1824000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	100000.00	1824000.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	63551.76	63551.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	63551.76	63551.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	8890.25	164389.25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100000.00	105000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	100000.00	105000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	172442.01	1812442.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	172442.01	1812442.01

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) .....	100000.00	1824000.00
34. Total Contribution Refunds (from Line 28(d)) .....	100000.00	105000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	1719000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63551.76	63551.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	63551.76	63551.76

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 16	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
ALASKANS STANDING TOGETHER

A.

Full Name (Last, First, Middle Initial) Alaska United Fiber System Partnership		Date of Receipt	
Mailing Address 2550 Denali Street, Ste. 1000		M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 1 0	
City	State	Zip Code	Transaction ID: SA11AI.4287
Anchorage	AK	99503	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100000.00	
Name of Employer	Occupation	Contribution	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	100000.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	100000.00

# 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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)  
ALASKANS STANDING TOGETHER

A.	Full Name (Last, First, Middle Initial) A Professional Conference  Mailing Address PO Box 2939  City Southampton State NY Zip Code 11969  Purpose of Disbursement Conference Calls Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4292 Date of Disbursement 11 / 29 / 2010  Amount of Each Disbursement this Period 784.96  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Mr. Jerry Mackie  Mailing Address 444 Orchid Circle  City Anchorage State AK Zip Code 99515  Purpose of Disbursement Catering costs/ room rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4298 Date of Disbursement 12 / 17 / 2010  Amount of Each Disbursement this Period 5734.49  003 Category/ Type
C.	Full Name (Last, First, Middle Initial) MSI Communications, Inc.  Mailing Address 3501 Denali Street, Ste. 202  City Anchorage State AK Zip Code 99503  Purpose of Disbursement Consulting with attorney re: Miller's FEC complaint Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4308 Date of Disbursement 12 / 02 / 2010  Amount of Each Disbursement this Period 4321.71  001 Category/ Type

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

**10841.16**

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)  
ALASKANS STANDING TOGETHER

<b>A.</b>	Full Name (Last, First, Middle Initial) MSI Communications, Inc.  Mailing Address 3501 Denali Street, Ste. 202  City Anchorage State AK Zip Code 99503  Purpose of Disbursement Attorney consultation re: FEC complaint Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period  4321.71
<b>B.</b>	Full Name (Last, First, Middle Initial) MSI Communications, Inc.  Mailing Address 3501 Denali Street, Ste. 202  City Anchorage State AK Zip Code 99503  Purpose of Disbursement Research/database Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period  1543.54
<b>C.</b>	Full Name (Last, First, Middle Initial) MSI Communications, Inc.  Mailing Address 3501 Denali Street, Ste. 202  City Anchorage State AK Zip Code 99503  Purpose of Disbursement Premium shipping and handling Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period  5674.76

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

11540.01

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

**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 9 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)  
ALASKANS STANDING TOGETHER

A.	Full Name (Last, First, Middle Initial) Van Ness Feldman	Transaction ID: SB21B.4295 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1050 Thomas Jefferson Street, NW	Amount of Each Disbursement this Period 26031.53
	City Washington State DC Zip Code 20007-3877	
	Purpose of Disbursement Legal Counsel	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Van Ness Feldman	Transaction ID: SB21B.4296 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1050 Thomas Jefferson Street, NW	Amount of Each Disbursement this Period 14978.76
	City Washington State DC Zip Code 20007-3877	
	Purpose of Disbursement Legal Counsel	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

41010.29

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

63391.46

**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 10 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ALASKANS STANDING TOGETHER

A.

Full Name (Last, First, Middle Initial)  
General Communication, Inc.

Transaction ID: SB28A.4281  
Date of Disbursement

Mailing Address 2550 Denali Street, Ste. 1000

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	1	0

City Anchorage State AK Zip Code 99503

Amount of Each Disbursement this Period

100000.00
-----------

Purpose of Disbursement  
Refund of Contribution

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

100000.00
-----------

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

100000.00
-----------

**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)  
ALASKANS STANDING TOGETHER

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MSI Communications, Inc.			Nature of Debt (Purpose): Independent Expenditure
Mailing Address 3501 Denali Street, Ste. 202			
City Anchorage	State AK	ZIP Code 99503	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>		<b>Transaction ID: SD10.4300</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MSI Communications, Inc.			Nature of Debt (Purpose): Administrative
Mailing Address 3501 Denali Street, Ste. 202			
City Anchorage	State AK	ZIP Code 99503	

Outstanding Balance Beginning This Period <input type="text" value="1543.54"/>		<b>Transaction ID: SD10.4303</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1543.54"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MSI Communications, Inc.			Nature of Debt (Purpose): Independent Expenditure
Mailing Address 3501 Denali Street, Ste. 202			
City Anchorage	State AK	ZIP Code 99503	

Outstanding Balance Beginning This Period <input type="text" value="1184.00"/>		<b>Transaction ID: SD10.4305</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1184.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 / 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
ALASKANS STANDING TOGETHER

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MSI Communications, Inc.	Nature of Debt (Purpose): Independent Expenditure
Mailing Address 3501 Denali Street, Ste. 202	
City Anchorage State AK ZIP Code 99503	

Outstanding Balance Beginning This Period 582.50	<b>Transaction ID:</b> SD10.4304	
Amount Incurred This Period 0.00	Payment This Period 582.50	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MSI Communications, Inc.	Nature of Debt (Purpose): Independent Expenditure
Mailing Address 3501 Denali Street, Ste. 202	
City Anchorage State AK ZIP Code 99503	

Outstanding Balance Beginning This Period 123.75	<b>Transaction ID:</b> SD10.4328	
Amount Incurred This Period 0.00	Payment This Period 123.75	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MSI Communications, Inc.	Nature of Debt (Purpose): Administrative
Mailing Address 3501 Denali Street, Ste. 202	
City Anchorage State AK ZIP Code 99503	

Outstanding Balance Beginning This Period 5674.76	<b>Transaction ID:</b> SD10.4302	
Amount Incurred This Period 0.00	Payment This Period 5674.76	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
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)	PAGE 13 / 16	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
ALASKANS STANDING TOGETHER

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MSI Communications, Inc.			Nature of Debt (Purpose): Administrative
Mailing Address 3501 Denali Street, Ste. 202			
City Anchorage	State AK	ZIP Code 99503	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4301	
4321.71			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4321.71	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	0.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ALASKANS STANDING TOGETHER	FEC IDENTIFICATION NUMBER <b>C</b> C00489385
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
MSI Communications, Inc.

Mailing Address  
3501 Denali Street, Ste. 202

City State Zip Code  
Anchorage AK 99503

Purpose of Expenditure Category/Type  
Media development 004

Name of Federal Candidate supported or Opposed by expenditure:  
LISA MURKOWSKI

Calendar Year-To-Date Per Election for Office Sought 1636184.00

Date  
MM / DD / YYYY  
12 / 02 / 2010

Amount  
1184.00

Transaction ID: SE.4330

Office Sought:  House State: AK  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
MSI Communications, Inc.

Mailing Address  
3501 Denali Street, Ste. 202

City State Zip Code  
Anchorage AK 99503

Purpose of Expenditure Category/Type  
Updating Social Media 004

Name of Federal Candidate supported or Opposed by expenditure:  
LISA MURKOWSKI

Calendar Year-To-Date Per Election for Office Sought 1636766.50

Date  
MM / DD / YYYY  
12 / 02 / 2010

Amount  
582.50

Transaction ID: SE.4331

Office Sought:  House State: AK  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1766.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barbara Donatelli  
Signature

Date MM / DD / YYYY  
05 / 27 / 2011

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ALASKANS STANDING TOGETHER	FEC IDENTIFICATION NUMBER <b>C</b> C00489385
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
MSI Communications, Inc.

Mailing Address  
3501 Denali Street, Ste. 202

City Anchorage State AK Zip Code 99503

Purpose of Expenditure Web site maintenance Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
LISA MURKOWSKI

Calendar Year-To-Date Per Election for Office Sought 1636890.25

Date 12 / 02 / 2010

Amount 123.75

Transaction ID: SE.4332

Office Sought:  House State: AK  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
MSI Communications, Inc.

Mailing Address  
3501 Denali Street, Ste. 202

City Anchorage State AK Zip Code 99503

Purpose of Expenditure Media development and placement Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
LISA MURKOWSKI

Calendar Year-To-Date Per Election for Office Sought 1640390.25

Date 12 / 13 / 2010

Amount 3500.00

Transaction ID: SE.4283

Office Sought:  House State: AK  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3623.75
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barbara Donatelli  
Signature

Date 05 / 27 / 2011

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ALASKANS STANDING TOGETHER		FEC IDENTIFICATION NUMBER <b>C</b> C00489385
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee MSI Communications, Inc.		Date M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 1 0
Mailing Address 3501 Denali Street, Ste. 202		Amount 3500.00
City State Zip Code Anchorage AK 99503		Transaction ID: SE.4317
Purpose of Expenditure Media placement		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: LISA MURKOWSKI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010
Calendar Year-To-Date Per Election for Office Sought		1643890.25

(a) SUBTOTAL of Itemized Independent Expenditures .....	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	8890.25
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Barbara Donatelli Signature	Date M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 1