RECEIVED
2012 OCT 25 AM II: 43
FEC MAIL CENTER

Committee Name:

DEMOCRATIC LIBERAL SUPER PAC OF ALASKA If registered, FEC ID:

10/17/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

ALEXANDER CLINTON

Alexander Clinton

, Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1		ORGANIZ	ATIC	ON		MALLICENTER
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	•
DEMOCRA	ATIC L	IBERAL SUPE	RP	AC OF ALA	SKA	
		D O DOV 46	404			
ADDRESS (number a	nd street)	P. O. BOX 16	194			<u> </u>
(Check if a is changed)		PLANTATION	1		FL	33318
			СПУ		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one on provide only one of the provide one of the pro		dress) ISuperPacs	@gma	il.com
COMMITTEE'S WEE	PAGE ADD	RESS (URL)				
(Check if is change						
2. DATE 10)"	° ′ 2012				
3. FEC IDENTIFIC	CATION NU	MBER C				
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)		
I certify that I have of Type or Print Name		Statement and to the bes	_	•	is true, corre	ct and complete.
Signature of Treasur	er \$	Kenamder C	lint	<u></u>	Date 1	0°′17°′2012`
NOTE: Submission of		OUS, OF INCOMPRETE INFORMAT	•			to the penalties of 2 U.S.C. §437g.
Office Use Only				For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

		1 (Desired 00000)	P 2		
_		m 1 (Revised 02/2009)	Page 2		
•	Candidate	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. (Complete the candidate information below.)			
	Name of Candidate		لتستست		
	Candidate Party Affiliation	Office Sought: House Senate President	State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	Party Com	imittee:			
	(d)	This committee is a (National, State 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 organizatioπ 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 s committee. (i.e., nonconnected committee)	egregated fund or party		
		In addition, this committee its a Lobbyist/Reglatrant 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 t committees/organizations, none of which is an authorized committee of a federal candidate.			
Committees Participating in Joint Fundraiser					
	1.	FEC ID number C			
	2.	FEC ID number C			
	3.	FEC ID number C			
	4.				

Page	3

Write or Type Committee Na	ame	
DEMOCRATIC	CLIBERAL SUPER PAC OF A	ALASKA
6. Name of Any Connected	d Ofganization, Affiliated Confinittee, Joint Fundraisin	ng Representative, or Leadership PAC Sponsor
NONE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	111111111111111	
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fund	draising Representative Leadership PAC Sponsor
 Custodian of Records: is books and records. 	identify by name, address (phone number optional) an	nd position of the person in possession of committee
Full Name	XANDER CLINTON	
Mailing Address	P. O. BOX 16194	
	PLANTATION	FL33318
Title or Position	CITY	STATE ZIP CODE
CHIEFFINANC	CIAL OFFICER Telepho	one number 954 279 7552 _
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasure g., assistant treasurer).	er of the committee; and the name and address of
Full Name of Treasurer	XANDER CLINTON	
Mailing Address	P. O. BOX 16194	
	PLANTATION	FL 33318
Title or Position	CITY	STATE ZIP CODE
TREASURER	Telepho	one number 954 - 279 - 7552

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position			
	Telepho:	ne number	
safety deposit boxes or Name of Bank, Deposit	tory, etc.		
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Federal Election Commission

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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (RUC)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	e Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next I	Business Day Delivery
Received from House Records & Registration Office	Date of Receipt ce
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ate of Receipt or Postmarked
SAED	10/25/12
PREPARER	DATE PREPARED

(3/2005)