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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines. 12FE4M5

DEMALT LEADERSHIP PAC

ADDRESS (number and street) 116158 ESSEX PARK DRIVE

(Check if address is changed) ANCHORAGE AK 99516

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
TREASURER@DEMALTLEADERSHIPAC.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 08 22 2007

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer MARY G GORE

Signature of Treasurer Mary G Gore Date 08 22 2007

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 contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name MARY G. GORE

Mailing Address 16158 ESSEX PARK DRIVE
ANCHORAGE AK 99516-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
CUSTODIAN Telephone number 907-868-0837

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer MARY G. GORE

Mailing Address 16158 ESSEX PARK DRIVE
ANCHORAGE AK 99516-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number 907-868-0837

Full Name of Designated Agent CAROL STURGGULEWSKI

Mailing Address 5120 MANDY TELL
ANCHORAGE AK 99516-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
ASSISTANT TREASURER Telephone number 907-836-1604

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO BANK, N.A.

Mailing Address

1301 W. NORTHERN LIGHTS BLVD

SUITE # 100

ANCHORAGE AK 99503

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAD
 PREPARER
 (3/2005)

8/31/07
 DATE PREPARED

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