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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Denali Leadership PAC 701 8th Street NW ADDRESS (number and street) Suite 500 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kimdenalipac@gmail.com (Check if address is changed) Optional Second E-Mail Address mklesher@wms-jen.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00438291 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. VanWyhe, Kimberly, , , Type or Print Name of Treasurer VanWyhe, Kimberly, , , [Electronically Filed] 01 10 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FFC Form 1 (Povised 02/2000)	Dogo <b>2</b>
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page <b>3</b>
Denali Leadership PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dershin PAC Sponsor
	uci ship i Ao Sponsoi
Murkowski Victory 2016	
228 S WASHINGTON STREET STE 115  Mailing Address	
Alexandria VA 223'	14 
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
. <b>Custodian of Records</b> : Identify by name, address (phone number optional) and position of the person in books and records.	n possession of committee
Full Name	
Mailing Address	
Title or Position CITY STATE	ZIP CODE
Telephone number	
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	e name and address of
Full Name VanWyhe, Kimberly, , ,	1
of Treasurer 41 D Street SE	
Mailing Address	
Suite 500	
Washington DC 2000	
CITY STATE  Title or Position Treasurer 917 Telephone number	ZIP CODE - 678 - 0130

	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent	1	
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	First Bank PO Box 7920 Ketchikan AK 199901	
Mailing Address	PO Box 7920	
Mailing Address	PO Box 7920  Ketchikan  AK  99901	IP CODE
Mailing Address  Name of Bank, I	PO Box 7920  Ketchikan  CITY  STATE  Z	IP CODE
	PO Box 7920  Ketchikan  CITY  STATE  Z	IP CODE
	PO Box 7920  Ketchikan  CITY  STATE  Z	IP CODE
Name of Bank, [	PO Box 7920  Ketchikan  CITY  STATE  Z	IP CODE
Name of Bank, [	PO Box 7920  Ketchikan  CITY  STATE  Z	IP CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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n). <b>Joint Fundraisin</b> g				1	FFO	ID mussees ::	C		
1.						ID number	=		=
2.						ID number	C		=
3.					FEC	ID number	С		-
4.					FEC	ID number	C		_
ame of Any Connected (		ffiliated Com	ımittee, Jo	oint Fundı	raising R	epresentativ	e, or l	Leadership PAC S	Spor
Senator Lisa Murk	JWSKI								
Mailing Address	709 Hart Sena	ate Building							
	Washington					DC	L	20510	
Relationship:		CIT	Y 🔺			STATE A	. –	ZIP CODE	_
	Organization	Affiliated C	ommittee	Joint	Fundrais	ing Represen	tative	<b>x</b> Leadership PA	
Connected esignated Agent: Identify					Fundrais	ing Represen	tative	Leadership PA	
Connected esignated Agent: Identify Full Name					Fundrais	ing Represen	tative	Leadership PA	
Connected esignated Agent: Identify					Fundrais	ing Represen	tative	Leadership PA	
Connected esignated Agent: Identify Full Name					Fundrais	ing Represen			AC S
Connected  esignated Agent: Identify  Full Name  Mailing Address	by name, addre		umber – op	otional)		ing Represen		Leadership PA	AC S
Connected esignated Agent: Identify Full Name	by name, addre	ess (phone no	umber – op	otional)		STATE A			AC S
Connected  esignated Agent: Identify  Full Name  Mailing Address	by name, addre	ess (phone no	umber – op	otional)	elephone	STATE A		ZIP CODE	AC S
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or mail	by name, addre	ess (phone no	umber – op	otional)	elephone	STATE A		ZIP CODE	AC S
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or mail ame of Bank, epository, etc.	by name, addre	ess (phone no	umber – op	otional)	elephone	STATE A		ZIP CODE	AC S

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected Wonder Women V	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	79 Potomac Ave SE APT 739		
		Washington	DC	20003
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t intains funds.	the committee deposit	s funds, holds accounts, rents
	Mailing Address			
			and the second second second	
_		CITY ▲	STATE A	ZIP CODE A