

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2018 OCT 19 PM 12:33
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

ALASKANS FOR A NEW CONGRESS

ADDRESS (number and street)

2139 SOLSTICE CIRCLE



(Check if address is changed)

ANCHORAGE

CITY ▲

AK

STATE ▲

99503

-1757

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

elauesen@oz.net

Optional Second E-Mail Address

info@alaskansforanewcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.alaskansforanewcongress.com

2. DATE

10

14

2018

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

Elstun W. Lauesen

Signature of Treasurer

Verified by PDFfiller
10/14/2018

Date

10

14

2018

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 06/2012)

5. TYPE OF COMMITTEE

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 _____

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 Don Young _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant 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 two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

20090210 10:01:01 AM

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Grid for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Grid for Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Elstun W Lauesen

Mailing Address

2139 Solstice Circle

Anchorage Ak 99503 - 1757

Title or Position

CITY

STATE

ZIP CODE

Principal

Telephone number 907 - 229 - 4643

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

Elstun W Lauesen

Mailing Address

2139 Solstice Circle

Anchorage Ak 99503 - 1757

Title or Position

CITY

STATE

ZIP CODE

Principal

Telephone number 907 - 229 - 4643

20090201 10:01:01 AM

ESS FIRMLY T



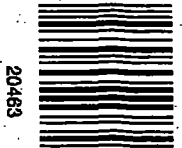
1007



U.S. POSTAGE PAID
PME 2-Day
ANCHORAGE, AK
99517
OCT 17, 18
AMOUNT
\$2.75
R2304M116207-34



1007



U.S. POSTAGE PAID
PME 2-Day
ANCHORAGE, AK
99517
OCT 17, 18
AMOUNT
\$24.70
R2304M116207-34

MAIL PRESS

TEST SERVICE IN THE U.S.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()
*Estimote 11/16/13
2539 5th St
Anchorage, AK 99505*

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE ()

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.



E172342719US



INTERNATIONAL USE
PRIORITY MAIL EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	Insurance Fee	COD Fee
99517	10/19	\$ 24.70	\$	\$
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee	
10/17	10:30 AM	\$ 2.75	\$	
Time Accepted	10:30 AM Delivery Fee	Total Postage & Fees		
9:59 AM	\$	\$ 27.45		
Special Handling/Fragile	Sunday/Holiday Premium Fee			
\$	\$			
Weight (lbs.)	Flat Rate	Acceptance Employee Initials		
	<input checked="" type="checkbox"/>			
DELIVERY (POSTAL SERVICE USE ONLY)	DELIVERY (POSTAL SERVICE USE ONLY)	Employee Signature		
Delivery Attempt (MM/DD/YY) Time	Delivery Attempt (MM/DD/YY) Time			
Delivery Attempt (MM/DD/YY) Time	Employee Signature			

LABEL 11-B, OCTOBER 2016 PSN 7690-02-300-9996

3-ADDRESSEE COPY

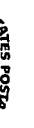
INTERNATIONALLY
OMS DECLARATION
MAY BE REQUIRED.



2013 OD: 12.5 X 9.5



UNITED STATES POSTAL SERVICE



UNITED STATES

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 10-17-18
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

mf
 PREPARER
 (3/2015)

10-19-18
 DATE PREPARED

2018-10-19 10:01:01 AM