

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Put Alaska First

ADDRESS (number and street) PO Box 92021

Check if different than previously reported. (ACC) Anchorage AK 99509-2021

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00544346

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

### 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 Year-End 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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 (12S). Election on 11/04/2014 in the State of AK

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on in the State of

5. Covering Period 10/01/2014 through 10/15/2014

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 Jim Lottsfeldt

Signature of Treasurer Jim Lottsfeldt [Electronically Filed] Date 10/20/2014

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 table with 7 columns and 1 row.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Put Alaska First**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="7573.66"/>	<input type="text" value="7573.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="94158.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1184500.00"/>	<input type="text" value="8938339.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1278658.54"/>	<input type="text" value="8945913.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1074816.84"/>	<input type="text" value="8715083.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="203841.70"/>	<input type="text" value="230830.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="29818.45"/>	

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

**Put Alaska First**

Report Covering the Period: From:  /  /  To:  /  /

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).....	40000.00	248800.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40000.00	248800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1144500.00	8652500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1184500.00	8901300.00
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	37039.87
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 Transfers (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))..... ▶	1184500.00	8938339.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1184500.00	8938339.87

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	-459344.70	732927.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-459344.70	732927.21
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 Expenditures (use Schedule E) .....	1529161.54	7977155.86
25. Coordinated Party Expenditures (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 .....	5000.00	5000.00
(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)).....	5000.00	5000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	1074816.84	8715083.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1074816.84	8715083.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1184500.00	8901300.00
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1179500.00	8896300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-459344.70	732927.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-459344.70	732927.21

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Put Alaska First**

Full Name (Last, First, Middle Initial)  
**A. Ahtna, Inc**

Mailing Address 110 W 38th Ave  
Ste 100A

City Anchorage State AK Zip Code 99503-5677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 11 / 2014  
**Transaction ID : VNHXHD91BE1**

Amount of Each Receipt this Period  
20000.00

Full Name (Last, First, Middle Initial)  
**B. Fishing Company of Alaska, Inc.**

Mailing Address 580 Naches Ave SW  
Ste 100

City Renton State WA Zip Code 98057-2297

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2014  
**Transaction ID : VNHXHD84W72**

Amount of Each Receipt this Period  
10000.00

Full Name (Last, First, Middle Initial)  
**C. Aaron Gleich**

Mailing Address 201 W 89th St

City New York State NY Zip Code 10024-1848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self Investor

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 11 / 2014  
**Transaction ID : VNHXHD91B76**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 7 OF 24
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Put Alaska First**

**A. Ocean Beauty Seafoods, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 W Ewing St

City Seattle	State WA	Zip Code 98119-1321
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : VNHXHD84W07**

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Put Alaska First**

Full Name (Last, First, Middle Initial) <b>A. SENATE MAJORITY PAC</b>		Date of Receipt
Mailing Address 700 13th St NW Ste 600		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-3960
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00484642"/>	<b>Transaction ID : VNHXHD7FK51</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="7532000.00"/>	<input type="text" value="39000.00"/>

Full Name (Last, First, Middle Initial) <b>B. SENATE MAJORITY PAC</b>		Date of Receipt
Mailing Address 700 13th St NW Ste 600		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-3960
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00484642"/>	<b>Transaction ID : VNHXHD82TJ8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="7884000.00"/>	<input type="text" value="352000.00"/>

Full Name (Last, First, Middle Initial) <b>C. SENATE MAJORITY PAC</b>		Date of Receipt
Mailing Address 700 13th St NW Ste 600		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-3960
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00484642"/>	<b>Transaction ID : VNHXHD8BY56</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="7973000.00"/>	<input type="text" value="89000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="480000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Put Alaska First**

Full Name (Last, First, Middle Initial) <b>A. SENATE MAJORITY PAC</b>		Date of Receipt
Mailing Address 700 13th St NW Ste 600		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-3960
FEC ID number of contributing federal political committee. <b>C</b> C00484642		<b>Transaction ID : VNHXHD8V1N6</b>
Name of Employer		Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="72000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="8445000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. SENATE MAJORITY PAC</b>		Date of Receipt
Mailing Address 700 13th St NW Ste 600		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-3960
FEC ID number of contributing federal political committee. <b>C</b> C00484642		<b>Transaction ID : VNHXHD8VBB8</b>
Name of Employer		Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="400000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="8445000.00"/>		

Full Name (Last, First, Middle Initial) <b>C. SENATE MAJORITY PAC</b>		Date of Receipt
Mailing Address 700 13th St NW Ste 600		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-3960
FEC ID number of contributing federal political committee. <b>C</b> C00484642		<b>Transaction ID : VNHXHD9BZ35</b>
Name of Employer		Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="192500.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="8637500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="664500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1144500.00"/>

**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)  
**Put Alaska First**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Ft Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Compliance

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNGY99W4DA4**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NGPVAN**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Compliance

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNGY99W4DB2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNGY99WHH88**

Amount of Each Disbursement this Period

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

**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)  
**Put Alaska First**

Full Name (Last, First, Middle Initial)

**A. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : VNGY99WKNH4

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : VNGY99WKNJ2

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : VNGY99WKNM7

Amount of Each Disbursement this Period

30.00

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

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

80.00

**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

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)  
**Put Alaska First**

Full Name (Last, First, Middle Initial)

**A. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNGY99WKNN5**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNGY99WS8Y6**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNGY99WS8Z3**

Amount of Each Disbursement this Period

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

**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

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)  
**Put Alaska First**

Full Name (Last, First, Middle Initial)

**A. KeyBank**

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement  
Wire service charges

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : VNGY99WS901

Amount of Each Disbursement this Period  
30.00

Full Name (Last, First, Middle Initial)

**B. Lottsfeldt Strategies**

Mailing Address 3717 Knik Ave

City Anchorage State AK Zip Code 99517-1047

Purpose of Disbursement  
Management Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : VNGY99W4ET3

Amount of Each Disbursement this Period  
10000.00

Full Name (Last, First, Middle Initial)

**C. Perkins Coie**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Legal

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : VNGY99W4EV1

Amount of Each Disbursement this Period  
1807.00

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

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

11837.00

**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)  
**Put Alaska First**

Full Name (Last, First, Middle Initial)

**A. Waterfront Strategies**

Mailing Address 3050 K St NW  
Ste 100

City Washington State DC Zip Code 20007-5108

Purpose of Disbursement  
See Schedule E, TV Media Schedule

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : VNGY99WHK24

Amount of Each Disbursement this Period

-235883.00
------------

Full Name (Last, First, Middle Initial)

**B. Waterfront Strategies**

Mailing Address 3050 K St NW  
Ste 100

City Washington State DC Zip Code 20007-5108

Purpose of Disbursement  
See Schedule E, TV Media Schedule

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : VNGY99WHK40

Amount of Each Disbursement this Period

-235884.00
------------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

-471767.00
------------

-459490.00
------------

**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 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)  
**Put Alaska First**

Full Name (Last, First, Middle Initial)

**A. Ocean Beauty Seafoods, LLC**

Mailing Address 1100 W Ewing St

City State Zip Code  
Seattle WA 98119-1321

Purpose of Disbursement  
Refunding contribution to donor

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VNGY99X1Y35**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Put Alaska First

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Waterfront Strategies</b>	Nature of Debt (Purpose): TV Ad Production
Mailing Address 3050 K St NW Ste 100	
City State Zip Code Washington DC 20007-5108	

Outstanding Balance Beginning This Period <input type="text" value="29818.45"/>	<b>Transaction ID : VNEZS9HAMN1</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="29818.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="29818.45"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="29818.45"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="29818.45"/>



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VNEZS9HAMN1

TV AD Oppose: Dan Sullivan Payment will show on End of Year Report

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) <b>Put Alaska First</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544346
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Ambrosino Muir Hansen Crouse</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 02 / 2014	
Mailing Address 500 Sansome St Ste 404		Amount <span style="border: 1px solid black; padding: 2px;">27300.00</span>	
City San Francisco	State CA	Zip Code 94111-3218	<b>Transaction ID : VNGY99VTKX0</b>
Purpose of Expenditure Direct Mail	Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 02 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3670153.01</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ambrosino Muir Hansen Crouse</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 04 / 2014	
Mailing Address 500 Sansome St Ste 404		Amount <span style="border: 1px solid black; padding: 2px;">44420.00</span>	
City San Francisco	State CA	Zip Code 94111-3218	<b>Transaction ID : VNGY99VTKW2</b>
Purpose of Expenditure Direct Mail	Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 04 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3670153.01</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">71720.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Jim Lottsfeldt*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
10 / 20 / 2014

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

NAME OF COMMITTEE (In Full) <b>Put Alaska First</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544346
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ambrosino Muir Hansen Crouse</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 06 / 2014
Mailing Address 500 Sansome St Ste 404	Amount <span style="border: 1px solid black; padding: 2px;">27300.00</span>
City State Zip Code San Francisco CA 94111-3218	
Purpose of Expenditure Direct Mail	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Dan Sullivan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">3670153.01</span>	

Full Name of Payee <b>Ambrosino Muir Hansen Crouse</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 08 / 2014
Mailing Address 500 Sansome St Ste 404	Amount <span style="border: 1px solid black; padding: 2px;">44420.00</span>
City State Zip Code San Francisco CA 94111-3218	
Purpose of Expenditure Direct Mail	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dan Sullivan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">3670153.01</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">71720.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*Jim Lottsfeldt*  
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

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

NAME OF COMMITTEE (In Full) <b>Put Alaska First</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">C</span> C00544346                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ambrosino Muir Hansen Crouse</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      09 / 14 / 2014                 </div>
Mailing Address 500 Sansome St Ste 404	Amount <div style="border: 1px solid black; padding: 2px;">                     44420.00                 </div>
City State Zip Code San Francisco CA 94111-3218	<b>Transaction ID : VNGY99W1317</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      10 / 14 / 2014                 </div>
Purpose of Expenditure Direct Mail	Category/Type <div style="border: 1px solid black; padding: 2px;">                     004                 </div>
Name of Federal Candidate Dan Sullivan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AK
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">                     3670153.01                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ambrosino Muir Hansen Crouse</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      10 / 15 / 2014                 </div>
Mailing Address 500 Sansome St Ste 404	Amount <div style="border: 1px solid black; padding: 2px;">                     27300.00                 </div>
City State Zip Code San Francisco CA 94111-3218	<b>Transaction ID : VNGY99WAH24</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      10 / 15 / 2014                 </div>
Purpose of Expenditure Direct Mail	Category/Type <div style="border: 1px solid black; padding: 2px;">                     004                 </div>
Name of Federal Candidate Dan Sullivan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AK
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">                     3670153.01                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">                     71720.00                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

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.

*Jim Lottsfeldt*  
 Signature

[Electronically Filed]    Date 

MM / DD / YYYY  
 10 / 20 / 2014

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

NAME OF COMMITTEE (In Full) <b>Put Alaska First</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544346
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Revolution Messaging, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2014
Mailing Address 1730 Rhode Island Ave NW Ste 310	Amount <span style="border: 1px solid black; padding: 2px;">90000.00</span>
City Washington State DC Zip Code 20036-3101	<b>Transaction ID : VNGY99WHGH6</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2014
Purpose of Expenditure Online Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dan Sullivan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AK <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3670153.01</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Waterfront Strategies</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 02 / 2014
Mailing Address 3050 K St NW Ste 100	Amount <span style="border: 1px solid black; padding: 2px;">39077.00</span>
City Washington State DC Zip Code 20007-5108	<b>Transaction ID : VNGY99W5XN1</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 02 / 2014
Purpose of Expenditure Radio advertising schedule	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dan Sullivan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AK <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3670153.01</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">129077.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Jim Lottsfeldt*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Put Alaska First
FEC IDENTIFICATION NUMBER C C00544346
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Waterfront Strategies
Mailing Address 3050 K St NW Ste 100
City Washington State DC Zip Code 20007-5108
Purpose of Expenditure TV Media Schedule Category/Type 004
Name of Federal Candidate Dan Sullivan Support Oppose
Office Sought: House Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 3670153.01
Disbursement For: Primary General 2014

Date of Public Distribution/Dissemination 10/07/2014
Amount 527768.00
Transaction ID: VNGY99W7M77
Date of Disbursement or Obligation 10/07/2014

Full Name of Payee Waterfront Strategies
Mailing Address 3050 K St NW Ste 100
City Washington State DC Zip Code 20007-5108
Purpose of Expenditure TV Media Schedule Category/Type 004
Name of Federal Candidate Dan Sullivan Support Oppose
Office Sought: House Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 3670153.01
Disbursement For: Primary General 2014

Date of Public Distribution/Dissemination 10/14/2014
Amount 546412.00
Transaction ID: VNGY99WGFK3
Date of Disbursement or Obligation 10/14/2014

(a) SUBTOTAL of Itemized Independent Expenditures 1074180.00
(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.
Signature: Jim Lottsfeldt [Electronically Filed] Date: 10/20/2014

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

NAME OF COMMITTEE (In Full) <b>Put Alaska First</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544346
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Waterfront Strategies</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 14 / 2014
Mailing Address 3050 K St NW Ste 100	Amount <span style="border: 1px solid black; padding: 2px;">103652.00</span>
City State Zip Code Washington DC 20007-5108	
Purpose of Expenditure Radio advertising schedule	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dan Sullivan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3670153.01</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Waterfront Strategies</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 14 / 2014
Mailing Address 3050 K St NW Ste 100	Amount <span style="border: 1px solid black; padding: 2px;">3810.24</span>
City State Zip Code Washington DC 20007-5108	
Purpose of Expenditure Radio Ad Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dan Sullivan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3670153.01</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">107462.24</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Jim Lottsfeldt*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

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

NAME OF COMMITTEE (In Full) <b>Put Alaska First</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544346
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2014</b>
Mailing Address 3050 K St NW Ste 100	Amount <b>3282.30</b>
City: Washington    State: DC    Zip Code: 20007-5108	<b>Transaction ID : VNGY99WQ3A3</b>
Purpose of Expenditure Radio Ad Production    Category/Type: <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 14 / 2014</b>
Name of Federal Candidate Dan Sullivan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <b>3670153.01</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City:    State:    Zip Code:	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure    Category/Type:	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3282.30</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>1529161.54</b>

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.

*Jim Lottsfeldt*  
Signature

[Electronically Filed]    Date **10 / 20 / 2014**