2018 - 10 - 22 - QM - QQ24Q889

FEC FORM 1

STATEMENT OF **ORGANIZATION**

2018 OCT 22 us Abbiy 9: 40

			Olinee-Usernolly)	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 RECEIVED COMMISSION REPORT ANALYSIS DIVIS	lou
LALASKANS, FOR A NEW	CONGRESS		- 	<u></u>
ADDRESS (number and street)	2139 SOLSTICE CIRC	LE		
(Check if address is changed)				
	ANCHORAGE, , ,		AK 99503	1757
	CITY ▲		STATE ▲ ZIP C	ODE A
COMMITTEE'S E-MAIL ADDRE	ss			
(Check if address is changed)	elauesen@oz.net			
	Optional Second E-Mail Add			1
		<u> </u>	 	
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address	ı www.alaskansforane	wcongress.com		1
is changed)		<u> </u>		<u></u>
			<u> </u>	
2. DATE 10 14	2018			
3. FEC IDENTIFICATION N	JMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete	
and the state of t		,	and complete.	
Type or Print Name of Treasure	r Elstun W. Lauesen			
Signature of Treasurer		Verified by PDFfiller I 10/14/2018	Date M10M / D14° /	2018
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2	U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	ontact: FFC FOI	_

Local 202-694-1100

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	FEC FO	m 1 (Hevised 02/2009)	Page 2
		OMMITTEE	
Can	didate	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. (Compinformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State District
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate	Don Young	
Pari	tv Con	nmittee:	
(d)		(National, State	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
	1222)	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.)	
Join	t Fund	Iraising 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
,	- 4.	FEC ID number C	

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!	FEC Form 1 (R	Revised 02/2009)	Page 3
W	rite or Type Committe	ee Name	
 6.	Name of Any Conn	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
\	<u> </u>		1 1 1 1 1
i İ	<u></u>	 	
	Mailing Address		
	aig /ida/000		
			-
		CITY STATE ZIF	, CODE
	Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponso
	· (<u>.</u>	البينا البينا	
7.	Custodian of Recorbooks and records.	rds: Identify by name, address (phone number optional) and position of the person in posses	sion of committee
	Full Name	Elstun W Lauesen	
	Mailing Address	2139 Solstice Circle	
		Anchorage Ak 99503	1757 ,
	Title or Position	CITY STATE ZIF	CODE
	Principal		9 - [4643
3.		name and address (phone number optional) of the treasurer of the committee; and the name at (e.g., assistant treasurer).	and address of
	Full Name of Treasurer	lstun W _. Lauesen	
	Mailing Address	2139 Salstice Circle	
		Anchorage Ak 99503	
	Title or Position	CITY STATE ZIF	CODE
	Principal		- 4643

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CITY

STATE

ZIP CODE

Mailing Address

Via E-Mail

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	_
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	····
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office Email	Date of Receipt
Other (Specify):	eceipt or Postmarked
RTL	10/22/18
(3/2015)	DATE PREPARED