FEC

STATEMENT OF

RECEIVED 2012 OCT 25 AM 11: 48

FORM 1		ORGANIZ	ATION	FECA	AAIL CENTER
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ALASKA C	EMO	CRATIC LEAD	ERSHIP FEDE	RAL ÇOI	MMITTEE
ADDRESS (number a	nd street)	P. O. BOX 16	61 94		
(Check if a is changed)		PLANTATIO	V	FL	33318
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only one DemocraticL	e-mail address) eadershipComn	nittees@	gmail.com
COMMITTEE'S WEE	PAGE AD	DRESS (URL)			
(Check if is change					
2. DATE 10)" / 1 7	" ′ 2012 `			
3. FEC IDENTIFICATION NUMBER C					
4. IS THIS STATE	MENT 🗵	NEW (N) OR	AMENDED (A)		
I certify that I have		AI EYANDE	st of my knowledge and belief	it is true, correct	t and complete.
Signature of Treasur		Hexaudes	Outon_	Date 10	" ′ 17° ′ 2012 `
NOTE: Submission of	false, erron	•	n may subject the pletson signing		the penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

TYPE OF COMMITTEE Candidate Committee:	Page 2							
(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 information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate								
Party Affiliation Sought: House Senate President	State District							
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name of Candidate								
Party Committee:								
	ocratic, blican, etc.) Party.							
Political Action Committee (PAC):								
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	ed organization is a:							
Corporation Corporation w/o Capital Stock Lab	or Organization							
Membership Organization Trade Association Coc	operativa							
In addition, this committee is a Lobbyist/Registrant PAC.								
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., noncommected committee)							
In addition, this committee is a Lohbyist/Registrant PAC.								
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	<u> </u>							
Joint Fundraising Representative:								
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political							
(h) This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
Committees Participating in Joint Fundraiser								
Committees Participating in Joint Fundraiser								
I I I I I I I I I I I I I I I I I I I								
1. FEC ID number C								
1. FEC ID number C								

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name ALASKA DEMOCRATIC LEADERSHIP FEDERAL COMMITTEE 6. Name of Any Connected Organization, Affillated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address STATE ZIP CODE CITY Affiliated Committee Joint Fundraising Representative eadership PAC Sponsor Connected Organization Relationship: Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE **|954, |-|279, |-|7552** Telephone number 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 Mailing Address NTATION CITY Title or Position TREASURER Telephone number

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Full Name of Designated Agent		1 1 1 1 1 1 1	
Mailing Address	CITY	STATE	ZIP CODE
Title or Position		number	ا-لىنا-لىنىد
Name of Bank, Deposi	tory, etc.		
<u>B</u> A	NK OF AMERICA	111111	
Mailing Address	NK OF AMERICA [8,181,WEST BROWARD,BLVD] [PLANTATION]		33324
	8181 WEST BROWARD BLVD	FL E	33324
	8181,WEST BROWARD,BLVD, PLANTATION, CITY		
Mailing Address	8181,WEST BROWARD,BLVD, PLANTATION, CITY		
Mailing Address	8181,WEST BROWARD,BLVD, PLANTATION, CITY		
Mailing Address Name of Bank, Deposi	8181,WEST BROWARD,BLVD, PLANTATION, CITY		

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USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Bus	siness 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	Date of Receipt			
Other (Specify):	of Receipt or Postmarked			
PRÉPARER	/ 3/25/12 DATE PREPARED			
(3/2005)				