FEC

Only

STATEMENT OF

PAGE 1 / 7

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ALASKA PAC 645 G ST ADDRESS (number and street) STE 100-561 (Check if address is changed) **ANCHORAGE** 99501 ΑK CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS AKPAC@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00816504 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. YOUNG, JASON, , , Type or Print Name of Treasurer YOUNG, JASON, , , [Electronically Filed] 09 13 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC	Form 1 (Revised 03/2022)	Page 2
. 1	TYPE OF COMMITTEE:	
(Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
(This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
I	Party Committee:	
((d) This committee is a (National, State (Democration or subordinate) committee of the Republican	ic, ı, etc.) Party
F	Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock Labor C	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
(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.	or more political
(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.	or more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 02	2/2009)	Page 3
W	rite or Type Committee Name		
	ALASKA PAC		
6.	Name of Any Connected Or KELLY FOR ALASKA	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead $VICTORY$	dership PAC Sponsor
	Mailing Address	645 G ST	
		STE 100-561	
		ANCHORAGE AK 995	501
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
	YOUNG, JA	SON, , ,	
	Full Name		
	Mailing Address	C/O RED CURVE SOLUTIONS	
	, and the second	138 CONANT ST, SUITE 201	
		BEVERLY MA 019	115
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	- 303 - 6800
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
	Full Name YOUNG, JA	.SON, , ,	
	of Treasurer		
	Mailing Address	C/O RED CURVE SOLUTIONS	
		138 CONANT ST, SUITE 201	
		BEVERLY MA 019	015
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	- 303 - 6800

FEC Form 1 (Revised 0	02/2009)		Page 4		
Full Name of Designated Agent					
Mailing Address					
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲		
	Telepi	hone number	-		
Banks or Other Depositorion safety deposit boxes or main	es: List all banks or other depositories in which the trains funds.	committee deposits funds,	holds accounts, rents		
Name of Bank, Depository, e	etc.				
CHAIN	BRIDGE BANK NA				
Mailing Address	1445A LAUGHLIN AVE				
	MCLEAN	VA22	2101		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	Mailing Address	645 G ST		
		STE 100-561		
		ANCHORAGE	AK	99501
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE ▲	ZIP CODE A
8.	Full Name	CITY A		
	Full Name	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ____

1.			
I		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
Ü	138 CONANT ST, STE 201		
	BEVERLY	MA	01915
	CITY A cted Organization Affiliated Committee	STATE ▲ Dint Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Conne	cted Organization Affiliated Committee	oint Fundraising Represent	
Connection Connectica Connection Connectica Connection Connection Connection Connection Connection Connectica Connection	cted Organization Affiliated Committee	oint Fundraising Represent	
esignated Agent: Ider	cted Organization Affiliated Committee	oint Fundraising Represent	
esignated Agent: Ider	cted Organization Affiliated Committee	oint Fundraising Represent	
esignated Agent: Ider	Affiliated Committee Affiliated Committee	oint Fundraising Represent	

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) or (h).	Joint Fundraising	Participant:					
1.			FEC I	D number	С		
2. [FEC I	D number	C		
3. [FEC I	D number	С		
4. [FEC I	D number	С		
	of Any Connected O	rganization, Affiliated Committee, Joint I	Fundraising Re	presentativ	e, or Leade	rship PAC	Sponsor
N	Nailing Address	C/O RED CURVE SOLUTIONS	1 1 1 1 1		1 1 1 1		1 1 1
	Ü	138 CONANT ST, STE 201					
		BEVERLY		MA	01915		1 1 1
F	Relationship:	CITY ▲		STATE ▲		ZIP CODE	A
	Connected C		Joint Fundraisin	g Represent	ative L	eadership P	AC Sponsor
8. Design	ated Agent: Identify b	y name, address (phone number – option	al)				
Full	I Name						
Ма	iling Address						
Tľ	TLE OR POSITION V	, CITY ▲		STATE ▲	:	ZIP CODE	A
L			Telephone N	lumber			
safety (or Other Depositorie	s: List all banks or other depositories in v	hich the comm	ittee deposit	ts funds, hol	ds accounts	s, rents
Deposit	of Bank, tory, etc.						
Deposit	of Bank,						
Deposit	of Bank, tory, etc.						