

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 AUG 17 PM 3:53

Office Use Only

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

T R E A D W E L L A L A S K A I N C

ADDRESS (number and street) ▼

5 2 8 N S T R E E T

Check if different than previously reported. (ACC)

A N C H O R A G E A K 9 9 5 0 1

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 5 4 6 1 3 5

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

STATE ▼ DISTRICT

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M D D Y in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M D in the State of

5. Covering Period M M D D Y Y Y Y through M M D D Y Y Y Y  
0 4 0 1 2 0 1 5 through 0 6 3 0 2 0 1 5

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 Cheryl Frasca

Signature of Treasurer

*Cheryl Frasca*

Date

M M D  
08 12 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

201508170200252040

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

TREADWELL ALASKA INC

Report Covering the Period: From: <sup>M M D D Y Y Y Y</sup> 0 4 0 1 2 0 1 5 To: <sup>M M D D Y Y Y Y</sup> 0 6 3 0 2 0 1 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))...	, , 0.00	, 3,000.00
(b) Total Contribution Refunds (from Line 20(d))...	, ,	, ,
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	, , 0.00	, 3,000.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17)...	, , 688.35	, 1,723.70
(b) Total Offsets to Operating Expenditures (from Line 14)...	, , 0.00	, 4,775.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	, , 688.35	, 3,051.42
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	, 4,589.15	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	, ,	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	, 260,056.37	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

201508170200722049

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

TREADWELL ALASKA INC.

Report Covering the Period: From: <sup>M M O O Y Y Y Y</sup> 0 4 0 1 2 0 1 5 To: <sup>M M O O Y Y Y Y</sup> 0 6 3 0 2 0 1 5

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	,	,
(ii) Unitemized .....	,	,
(iii) TOTAL of contributions from individuals .	,	,
(b) Political Party Committees...	,	,
(c) Other Political Committees (such as PACs)...	,	,
(d) The Candidate .....	,	,
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	,	,
	0.00	3,000.00
	0.00	3,000.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>		
	,	,
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	,	,
(b) All Other Loans...	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b))...	,	,
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>		
	,	,
	0.00	4,775.12
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>		
	,	,
	,	.24
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>		
	,	,
	0.00	7,775.36

2015081/070022005

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	, 688.35	, 1,723.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	,	,
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	,	,
(b) Of All Other Loans .....	,	,
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	,	,
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	,	,
(b) Political Party Committees...	,	,
(c) Other Political Committees (such as PACs)...	,	,
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	,	,
21. OTHER DISBURSEMENTS .....	,	,
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	, 688.35	, 1,723.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	, 5,277.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	,
25. SUBTOTAL (add Line 23 and Line 24)...	, 5,277.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	, 688.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	, 4,589.15

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 19b 21		

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)  
**TREADWELL ALASKA INC**

A. <b>Wells Fargo Bank</b>		Date of Disbursement MM DD YY YY 04 08 2015
Mailing Address 301 W Northern Light Blvd		Amount of Each Disbursement this Period  , , 300
City Anchorage	State AK	
Purpose of Disbursement Bank Charge	Zip Code 99503	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

B. <b>R. Jack Bohnert</b>		Date of Disbursement MM DD YY YY 04 21 2015
Mailing Address 3820 Lake Otis Parkway		Amount of Each Disbursement this Period  , , 472.50
City Anchorage	State AK	
Purpose of Disbursement Accounting Services	Zip Code 99508	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

C. <b>Wells Fargo Bank</b>		Date of Disbursement MM DD YY YY 04 10 2015
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period  , , 56.00
City Anchorage	State AK	
Purpose of Disbursement Bank Card Fee	Zip Code 99503	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	, , 531.50
<b>TOTAL</b> This Period (last page this line number only).....	, ,

76075700201708127

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TREADWELL ALASKA INC**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement MMDDYY 05122015	
Mailing Address 301 W Northern Light Blvd		Amount of Each Disbursement this Period  , , 56.00	
City Anchorage	State AK		Zip Code 99503
Purpose of Disbursement Bank Card Fee	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement MMDDYY 08102015	
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period  , , 56.00	
City Anchorage	State AK		Zip Code 99503
Purpose of Disbursement Bank Card Fee	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MMDD	
Mailing Address		Amount of Each Disbursement this Period  , ,	
City	State		Zip Code
Purpose of Disbursement	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	, , 112.00
TOTAL This Period (last page this line number only).....	, , 643.50

20150810 10:00 AM

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Treadwell Alaska 2014

Transaction ID : SC10-LN1

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mead Treadwell

Primary

General

Other (specify) ▼

Mailing Address  
528 N Street

City State ZIP Code  
Anchorage AK 99501

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000	.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2013	06 / 15 / 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only)...	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2015081702000726054

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : **SC10-LN2**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Mead Treadwell**  Primary  
Mailing Address **528 N Street**  General  
 Other (specify) **▼**

City State ZIP Code  
**Anchorage AK 99501**

Original Amount of Loan <b>83000</b>	Cumulative Payment To Date <b>.00</b>	Balance Outstanding at Close of This Period <b>83000.00</b>
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**TERMS**

Date Incurred M 03 / D 31 / Y 2014	Date Due M 03 / D 31 / Y 2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	<b>83000.00</b>
<b>TOTALS</b> This Period (last page in this line only) ...	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201508170200224055



**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : **SC10-LN3**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mead Treadwell</b>	<i>(PERSONAL FUNDS)</i>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address 528 N Street		
City Anchorage	State AK	ZIP Code 99501

Original Amount of Loan 70000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 70000.00
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**TERMS**

Date Incurred 03 / 31 / 2014	Date Due 03 / 31 / 2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	70000.00
<b>TOTALS</b> This Period (last page in this line only)...	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201508170200232056

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : **SC10-LN4**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mead Treadwell</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 528 N Street		
City Anchorage	State AK	ZIP Code 99501

Original Amount of Loan 7945.11	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 7945.11
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**TERMS**

Date Incurred 07 <sup>M</sup> / 11 <sup>D</sup> / 2014 <sup>Y</sup>	Date Due 07 <sup>M</sup> / 11 <sup>D</sup> / 2015 <sup>Y</sup>	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	7945.11
<b>TOTALS</b> This Period (last page in this line only)...	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201508170200232057

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : **SC10-LN5**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mead Treadwell</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address 528 N Street		
City Anchorage	State AK	ZIP Code 99501

Original Amount of Loan 22500	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 22500.00
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<b>TERMS</b>	Date Incurred M 03 / D 21 / Y 2014	Date Due M 03 / D 21 / Y 2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	22500.00
<b>TOTALS</b> This Period (last page in this line only)...	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201508170200232050

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : **SC10-LM6**

<b>LOAN SOURCE Full Name (Last, First, Middle Initial)</b> <b>Mead Treadwell</b>	<b>[PERSONAL FUNDS]</b>	<b>Election: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Mailing Address</b> 528 N Street		
<b>City</b> Anchorage	<b>State</b> AK	<b>ZIP Code</b> 99501

<b>Original Amount of Loan</b> 15000	<b>Cumulative Payment To Date</b> .00	<b>Balance Outstanding at Close of This Period</b> 15000.00
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<b>TERMS</b>	<b>Date Incurred</b> M 01 / D 12 / Y 2014	<b>Date Due</b> M 01 / D 12 / Y 2015	<b>Interest Rate</b> 0.00 % (apr)	<b>Secured:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
<b>1. Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>
<b>Mailing Address</b>	<b>Occupation</b>
<b>City State ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>
<b>2. Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>
<b>Mailing Address</b>	<b>Occupation</b>
<b>City State ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>
<b>3. Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>
<b>Mailing Address</b>	<b>Occupation</b>
<b>City State ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>
<b>4. Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>
<b>Mailing Address</b>	<b>Occupation</b>
<b>City State ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>

<b>SUBTOTALS This Period This Page (optional).....</b>	<b>15000.00</b>
<b>TOTALS This Period (last page in this line only)...</b>	<b>248445.11</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Treadwell Alaska 2014**

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> <b>SCM Associates</b>	<b>Nature of Debt (Purpose):</b> Invoice: Mailer Printing & Postage						
Mailing Address PO Box 254							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Dublin</td> <td>NH</td> <td>03444</td> </tr> </table>	City	State	Zip Code	Dublin	NH	03444	
City	State	Zip Code					
Dublin	NH	03444					

Outstanding Balance Beginning This Period 686.74	Transaction ID : SD10-INV280
Amount Incurred This Period .00	Payment This Period .00
Outstanding Balance at Close of This Period 686.74	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> <b>SCM Associates</b>	<b>Nature of Debt (Purpose):</b> Invoice: Mailer Printing & Postage						
Mailing Address PO Box 254							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Dublin</td> <td>NH</td> <td>03444</td> </tr> </table>	City	State	Zip Code	Dublin	NH	03444	
City	State	Zip Code					
Dublin	NH	03444					

Outstanding Balance Beginning This Period 6836.92	Transaction ID : SD10-INV558
Amount Incurred This Period .00	Payment This Period .00
Outstanding Balance at Close of This Period 6836.92	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> <b>Mead Treadwell</b>	<b>Nature of Debt (Purpose):</b> Invoice: Travel & Meals						
Mailing Address 528 N Street							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Anchorage</td> <td>AK</td> <td>99501</td> </tr> </table>	City	State	Zip Code	Anchorage	AK	99501	
City	State	Zip Code					
Anchorage	AK	99501					

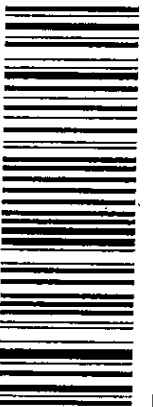
Outstanding Balance Beginning This Period 4087.60	Transaction ID : SD10-INV1013
Amount Incurred This Period .00	Payment This Period .00
Outstanding Balance at Close of This Period 4087.60	

<b>1) SUBTOTALS This Period This Page (optional) .....</b>	<b>11611.28</b>
<b>2) TOTALS This Period (last page this line number only) ..</b>	<b>11611.28</b>
<b>3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)....</b>	<b>248445.11</b>
<b>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶</b>	<b>260056.37</b>

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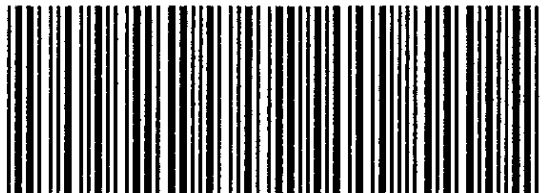
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