

**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 _____ in the State of _____
- (c) 30-Day **POST**-Election Report for the:
- | | | |
|---------------|--------------|---------------|
| General (30G) | Runoff (30R) | Special (30S) |
|---------------|--------------|---------------|
- Election on _____ 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 1 0 1 2 0 1 5 through 0 3 3 1 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 08 12 20 15

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							
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FEC FORM 3
(Revised 02/2003)

201508170200252064

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TREADWELL ALASKA INC

Report Covering the Period: From: ^{M M D D Y Y Y Y} 0 1 0 1 2 0 1 5 To: ^{M M D D Y Y Y Y} 0 3 3 1 2 0 1 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))..	3,000.00	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))...	3,000.00	3,000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	,758.35	1,035.35
(b) Total Offsets to Operating Expenditures (from Line 14)...	4,775.12	4,775.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	, -4,016.77	- 3,739.77
8. Cash on Hand at Close of Reporting Period (from Line 27)...	5,277.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	, 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

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:

M	M	D	D	Y	Y	Y	Y	To:	M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	5	0	3	3	1	2	0	1	5	

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(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	3,000.00	3,000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, 3,000.00	3,000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	,	,
(b) All Other Loans...	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b))...	,	,
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	4,775.12	4,775.12
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	.24
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	7,775.12	7,775.36

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) Carlyle LLC		Date of Receipt M M D D Y Y Y Y 0 1 2 8 2 0 1 5
A. Mailing Address PO Box 242263		Amount of Each Receipt this Period 4,665.12
City State Zip Code Anchorage AK 99524		
FEC ID number of contributing federal political committee. C		RETURN SECURITY DEPOSIT & RENT
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , ,	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	4,665.12
TOTAL This Period (last page this line number only).....	4,665.12

201508170200232069

**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

A. Paxon Design LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement
M M D D Y Y Y Y
0 1 2 8 2 0 1 5

Mailing Address
1211 F Street

City Anchorage State AK Zip Code 99501

Purpose of Disbursement
Web & Photography Services

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period
462.50

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Date of Disbursement
M M D D Y Y Y Y
0 1 1 3 2 0 1 5

Mailing Address
301 W Northern Lights Blvd

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Bank Card Fee

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period
56.00

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Date of Disbursement
M M D D Y Y Y Y
0 1 3 0 2 0 1 5

Mailing Address
301 W Northern Lights Blvd

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Bank Charge

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period
40.00

SUBTOTAL of Disbursements This Page (optional)..... *558.50*

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

2015081702002320/U

**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 8 OF 16			
	<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

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 2 1 1 2 0 1 5	
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: _____			

B. Full Name (Last, First, Middle Initial) Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 2 2 7 2 0 1 5	
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period 40.00	
City Anchorage	State AK		Zip Code 99503
Purpose of Disbursement Bank Charge			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. Full Name (Last, First, Middle Initial) Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 3 0 9 2 0 1 5	
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period 3.00	
City Anchorage	State AK		Zip Code 99503
Purpose of Disbursement Bank Charge			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: _____			

SUBTOTAL of Disbursements This Page (optional).....	99.00
TOTAL This Period (last page this line number only).....	

201508170200232071

**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 9 OF 16			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
TREADWELL ALASKA INC

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 3 1 1 2 0 1 5
Mailing Address 301 W Northern Light 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:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Zip Code	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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Zip Code	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)..... 56.00
TOTAL This Period (last page this line number only)..... , 713.50

201508170200232072

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:
M 06 D 30 2013	M 06 D 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:

SUBTOTALS This Period This Page (optional)..... ▶

50000.00

TOTALS 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.

201508170200232073

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-LN3**

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

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**

TERMS Date Incurred **03/31/2014** Date Due **03/31/2015** Interest Rate **0.00** % (apr) Secured: Yes 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:

SUBTOTALS This Period This Page (optional) ▶ **70000.00**
TOTALS 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.

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

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
7945.11	.00	7945.11

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 D 11 2014	M 07 D 11 2015	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:

SUBTOTALS This Period This Page (optional)..... ▶ 7945.11

TOTALS 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.

201508170200232076

SCHEDULE C (FEC Form 3)

LOANS

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

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
22500	.00	22500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 21 / Y 2014	M 03 / D 21 / Y 2015	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:

SUBTOTALS This Period This Page (optional)....	▶	22500.00
TOTALS 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.

201508170200232077

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

Transaction ID : SC10-LN6
NAME OF COMMITTEE (In Full)
Treadwell Alaska 2014

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]
Mead Treadwell
Election: 2014
 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
15000	.00	15000.00

TERMS Date Incurred Date Due Interest Rate Secured:
M 01 D 12 2014 M 01 D 12 2015 0.00 % (apr) Yes 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:

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

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

201508170200252070

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)
 PAGE ¹⁵ 13 OF ¹⁵ 13
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
Treadwell Alaska 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates
Nature of Debt (Purpose):
 Invoice: Mailer Printing & Postage

Mailing Address PO Box 254

City State Zip Code
 Dublin NH 03444

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV280**
 686.74

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 .00 .00 686.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates
Nature of Debt (Purpose):
 Invoice: Mailer Printing & Postage

Mailing Address PO Box 254

City State Zip Code
 Dublin NH 03444

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV558**
 6836.92

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 .00 .00 6836.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Mead Treadwell
Nature of Debt (Purpose):
 Invoice: Travel & Meals

Mailing Address 528 N Street

City State Zip Code
 Anchorage AK 99501

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV1013**
 4087.60

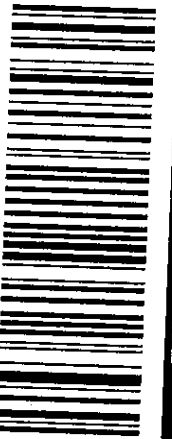
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 .00 .00 4087.60

1) SUBTOTALS This Period This Page (optional) ...	▶	11611.26
2) TOTALS This Period (last page this line number only) ...	▶	11611.26
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	▶	248445.11
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	260056.37

201508170200232079

CERTIFIED MAIL®

PRESS FIRMLY TO SEAL



7025 0640 0002 5367 3276



1008



20013

U.S. POSTAGE
PAID
ANCHORAGE, AK
99517
AUG 12 15
AMOUNT
\$9.20
R2304M116207-13

PRIORITY®
★ MAIL ★

DATE OF DELIVERY SPECIFIED*

USPS TRACKING™ INCLUDED*

INSURANCE INCLUDED*

PICKUP AVAILABLE

* Domestic only

NV
8-15

PRIORITY®
★ MAIL ★



UNITED STATES
POSTAL SERVICE®

VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE

FROM: *Meredith*

528 N Street

Anchorage, AK 99501

TO: *Office of Public Records*

P.O. Box 77578

Washington, DC 20013-7578

Label 228, July 2013

FOR DOMESTIC AND INTERNATIONAL USE

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



080252002041805102

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 8/12/15
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

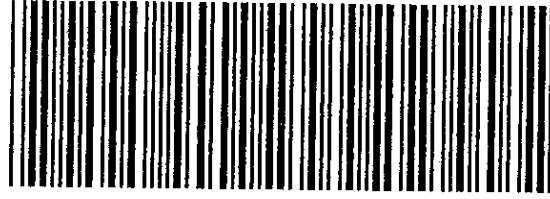
POSTMARK ILLEGIBLE POSTMARK

FAX _____
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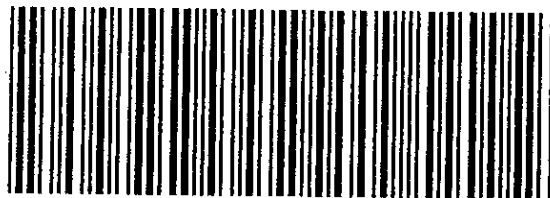
OTHER _____
Date of Receipt or Postmark

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