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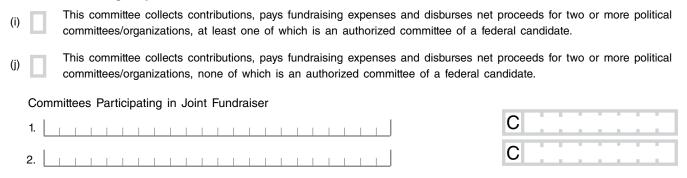
PAGE 1 / 9 🗕

| STATEMENT | OF |
|------------|----|
| ORGANIZATI | ON |

| FORM 1 | | | c | office Use Only |
|-----------------------------------|--------------------------------|--|----------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Alaska Democra | tic Party | | | |
| | | | | |
| ADDRESS (number and street) | PO Box 249207 | | | |
| (Check if address is changed) | | | | |
| le changedy | Anchorage | | AK 99 | 524 |
| | CITY ▲ | | STATE ▲ | ZIP CODE A |
| COMMITTEE'S E-MAIL ADDRI | ESS | | | |
| (Check if address is changed) | lindsay@alaskademoc | rats.org | | |
| | Optional Second E-Mail Add | dress liance.com | | 1 |
| | | | | |
| COMMITTEE'S WEB PAGE AL | DDRESS (URL) | vw.actnowalaska.com | | |
| | D2 / Y Y Y Y 2018 | | | |
| 3. FEC IDENTIFICATION N | IUMBER ► C co | 00191247 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have examined t | this Statement and to the best | of my knowledge and belief it | is true, correct and | d complete. |
| Type or Print Name of Treasure | er Southworth, Monica, , , | | | |
| Signature of Treasurer | hworth, Monica, , , | [Electronically Filed] | Date 02 | / D D / Y Y Y Y 20 2023 |
| NOTE: Submission of false, error | | may subject the person signing the TION SHOULD BE REPORTED | | penalties of 52 U.S.C. §3010 |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| FE | EC Form 1 (Revised 03/2022) | Page 2 |
|----|--|--------------------|
| 5. | TYPE OF COMMITTEE: | |
| | Candidate 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. (Complete the c information below.) | andidate |
| | Name of Candidate | |
| | Candidate Office 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: (National, State or subordinate) committee of the DEM (Democratic, Republican, et or subordinate) | c.) Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or | organization is a: |
| | Corporation Corporation w/o Capital Stock | nization |
| | Membership Organization Trade Association Cooperative | e |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee. (i.e., nonconnected committee) | und 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 PAC) | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |

Joint Fundraising Representative:



| - | FEC Form 1 (Revised 0 | 02/2009) | | | | | | | | | | | | | | | | | | | | Paç | ge 3 | \$ | |
|----|---|-----------------|-----------|---------|-------|------|-----|-------|------|------|------|-----|----|------|------|------|-----|-----|------|------|-----|-----|-------------|------|---------|
| V | Vrite or Type Committee Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Alaska Democ | ratic Pai | ty | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Name of Any Connected O DNC Victory Fund | rganization, Af | filiateo | d Com | mitte | e, J | oin | t Fur | ndra | isin | ng F | Rep | es | enta | tive | e, o | r L | eac | lers | ship |) P | AC | Spo | onso | or I |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | 430 South Ca | bitol Str | reet SE | | | | | | | | | | | | I | | I | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | CITY A | STATE A | |
|--------------------------------------|-------------------------|------------------------------------|------------------------|
| Relationship: Connected Organization | Affiliated Organization | X Joint Fundraising Representative | Leadership PAC Sponsor |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Southworth | , Monica, , , | | | | |
|---------------------|---------------|-------|--------------|-----------|--------|
| Full Name | | | | | |
| Mailing Address | PO Box 249207 | | | | |
| | | | | | |
| | Anchorage | | AK | 99524 | |
| | CI | ITY 🔺 | STATE 🔺 | ZIP (| CODE 🔺 |
| Title or Position ▼ | | | | | |
| Treasurer | | Tele | phone number | 907 – 258 | |

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

| Full Name | Southworth, Monica, , , |
|-------------------|--|
| of Treasurer | |
| Mailing Address | PO Box 249207 |
| | |
| | Anchorage AK 99524 Image Image Image Image |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | |
| Treasurer | Telephone number |

| FEC Form 1 (Revised 0) |)2/2(| 009 |) | | | | | | | | | | | | | | | | | | | I | Pag | e 4 | ۱ ــــــــــــــــــــــــــــــــــــ | | |
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| Full Name of Designated Agent | | | | | | | | | | ĺ | | | | | | | | | ĺ | | | | | | | 1 | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | Cľ | TΥ | | | | | | | | : | ST/ | ΛTE | | | | ZI | ΡC | | ЭЕ | | | |
| Title or Position ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | ione | e n | umł | ber | | | | · [_ | | | | | | | |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| | Alaska USA Federal Credit Union | | 1 |
|-----------------|--------------------------------------|----------|----------|
| | | | |
| Mailing Address | 500 W. 36th Ave. | | |
| | | | |
| | Anchorage | AK 99503 | |
| | CITY 🔺 | STATE 🔺 | ZIP CODE |
| Name of Bank, I | Depository, etc. Amalgamated Bank | | |
| Mailing Address | 275 7th Ave. | | |
| | | | |
| | New York | NY 10003 | |
| | CITY 🔺 | STATE 🔺 | ZIP CODE |

| FFC | Form | 1 S | (Revised | 02/2017) |
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| 5(g) or (h). | Joint | Fundraising | Participant: |
|--------------|-------|-------------|--------------|
|--------------|-------|-------------|--------------|

| 1 | FEC ID number | С |
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| 2. | FEC ID number | С |
| 3. | FEC ID number | С |
| 4. | FEC ID number | С |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Dollars for Democrats

| Mailing Address | 430 S. Capitol Street SE | | | |
|-----------------|--------------------------|-------------------|------------------|------------------------|
| | | | | |
| | Washington | | DC 2000 |)3 |
| Relationship: | CITY A | | STATE A | ZIP CODE |
| Connected | Organization | Joint Fundraising | g Representative | Leadership PAC Sponsor |

8. Designated Agent: Identify by name, address (phone number - optional)

| Full Name | | | |
|-------------------|---|-----------------|----------|
| Mailing Address | | | |
| | | | |
| | | | |
| TITLE OR POSITION | | STATE A | ZIP CODE |
| | т | elephone Number | |

| Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | | |
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| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | |
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| 5(g) or (h). | Joint | Fundraising | Participant: |
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|--------------|-------|-------------|--------------|

| 1 | FEC ID number | С |
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| 2. | FEC ID number | C |
| 3. | FEC ID number | C |
| 4. | FEC ID number | С |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Democratic Grassroots Victory Fund

| Mailing Address | 430 South Capitol Street SE | | |
|-----------------|-----------------------------------|----------------------------------|------------------------|
| | | | |
| | Washington | | 003 |
| Relationship: | CITY 🔺 | STATE 🔺 | ZIP CODE |
| Connected | Organization Affiliated Committee | Joint Fundraising Representative | Leadership PAC Sponsor |

8. Designated Agent: Identify by name, address (phone number - optional)

| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|---|--|--|--|---|------|--|--|--|----|-----|-----|------|-----|-----|----|--|--|-----|-----|---|----|------|--|--|--|
| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | Te | lep | hor | ne I | Nur | nbe | ər | | | - L | | | | -L | | | |

| Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|--|--|---|----|-----|---|--|--|--|--|---|-----|---|--|---|--|-----|---|----|-----|----|--|---|
| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | | FEC ID number | |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | |
| 6. Name of Any Connected C BIDEN VICTORY F | Organization, Affiliated Committee, Joint Fur FUND | ndraising Representative, | or Leadership PAC Sponsor |
| | | | |
| Mailing Address | 430 SOUTH CAPITOL STREET SE | | |
| | | | |
| | | | 20003 |
| Relationship: | | STATE A | ZIP CODE |
| Connected | Organization Affiliated Committee | pint Fundraising Representation | ve Leadership PAC Sponsor |
| 8. Designated Agent: Identify | by name, address (phone number – optional) | | |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| TITLE OR POSITION | CITY A | STATE ▲ | ZIP CODE 🔺 |
| | | Telephone Number | . - - |

| Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | |
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| Mailing Address | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | FEC ID number | C |
| 4 | FEC ID number | С |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PELTOLA VICTORY FUND

| Mailing Address | PO BOX 210014 | |
|-----------------|---------------|----------------------------------|
| | | |
| | | AK 99521 |
| Relationship: | CITY 🔺 | STATE A ZIP CODE A |
| Connected (| Organization | Joint Fundraising Representative |

8. Designated Agent: Identify by name, address (phone number - optional)

| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mailing Address | l | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Bank, Depository, etc. | | | | | | | | | | | 1 | | | 1 | | | | | | | | | |
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| 3. | FEC ID number | С |
| 4. | FEC ID number | С |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor FRIENDS OF STATE DEMOCRATIC PARTIES

| | | <u> </u> | |
|-----------------|--------------|---|------------------------------|
| | | | |
| Mailing Address | | | |
| - | | | |
| | | | 70506 |
| Relationship: | | STATE 🔺 | ZIP CODE |
| Connected | Organization | X Joint Fundraising Representa | ative Leadership PAC Sponsor |

8. Designated Agent: Identify by name, address (phone number - optional)

| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|---|---|---|-----|---|--|--|---|---|----|------|-----|------|-----|-----|----|---|---|---|-----|-----|-----|----|-----|---|---|
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| TITLE OR POSITION | | | | | | | C | CIT | Y | | | | | | | | | S | TAT | Έź | | | | | ZIF | с с | OD | E. | | |
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| Name of Bank, Depository, etc. | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--------|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|----------|--|--|--|--|--|------|--|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | CITY A | | | | | | | | | | | | | STATE A | | | | | | | | ZIP CODE | | | | | | | | | |