03/29/2021 16 : 49

PAGE 1 / 5 -

FEC FORM 1	STATEMEN ORGANIZA		PAGE 1/5
1. NAME OF	(Check if name	Example: If typing, type	Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	
1			
ADDRESS (number and street	2440 EAST TUDOR ROAD		
(Check if address			
is changed)	ANCHORAGE		AK99507
			STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADD	PRESS		
(Check if address	client@bulldogcompliar		
is changed)	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE (Check if address is changed)			
2. DATE 03 /	29 / Y Y Y Y 2021		
3. FEC IDENTIFICATION	NUMBER ► C cc	00774596	
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)	
I certify that I have examine	d this Statement and to the best	of my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treas	GANTT, CHARLES, , ,		
Signature of Treasurer	GANTT, CHARLES, , ,	[Electronically Filed]	Date 03 / 29 / 2021
NOTE: Submission of false, er		nay subject the person signing th DN SHOULD BE REPORTED W	is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information col Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

-		_
FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candidat	e 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political /	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	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.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

ALASKA FIRST

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

Mailing Address				
	C	CITY	STATE	ZIP CODE
Relationship: Connected	Organization	d Committee	ng 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.

GANTT, C	HARLES, , ,			
Full Name				
Mailing Address				
	138 CONANT STREET 2ND FLOOR			
	BEVERLY	MA	01915	
Title or Position	CITY	STATI	Ē	ZIP CODE
	Te	ephone number	617	231 - 4328

8. **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	GANTT, CHARLES, , ,
of Treasurer	
Mailing Address	
	138 CONANT STREET 2ND FLOOR
	BEVERLY
	CITY STATE ZIP CODE
Title or Position	Telephone number 617 231 4328

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1								1		1															_
Mailing Address																													
								1	1	1		1	1	1					1										
					(CIT	Y										S	TA	ΤE					ZI	PC	OD	Ε		
Title or Position																													
												Т	ele	oho	ne	nu	mb	er											

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.

	CHAIN BRIDGE BANK, N.A.		
Mailing Address	1445-A LAUGHLIN AVE.		
			22101
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: