Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Joe Stephens Senate Campaign 3609 Tongass Avenue, ADDRESS (number and street) #5416 (Check if address is changed) Ketchikan 99901 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS joe.stephens.mail@gmail.com (Check if address is changed) Optional Second E-Mail Address joe.stephens.mail@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00787093 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. Stephens, Joe, , , Type or Print Name of Treasurer Stephens, Joe, , , [Electronically Filed] 80 13 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

ı	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	COMMITTEE	
Can	didate	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. (Con information below.)	nplete the candidate
Name Cand	e of lidate	Stephens, Joe Trump, AKA Not Murkowski, ,	
Cand	lidate	Office	State
Party	Affiliati	ion AKI Sought: House X Senate President	District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

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Write or Type Committee Nat		, ago <b>c</b>
	Senate Campaign	
•	I Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
-	J,	,
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
7. Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the	ne person in possession of committee
Stepher Full Name	ns, Joe, , ,	
	3609 Tongass Avenue,	
Mailing Address	#5416	
	Ketchikan , AK	, ,99901
Title or Position	CITY STATE	ZIP CODE
Director	Telephone number	757 - 652 - 7689
8. <b>Treasurer</b> : List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the comming, assistant treasurer).	ttee; and the name and address of
Full Name Stephen of Treasurer	s, Joe, , ,	
	3609 Tongass Avenue,	
Mailing Address	#5416	
		100001
	Ketchikan AK CITY STATE	99901
Title or Position	CITT STATE	
	Telephone number	757 652 7689

FEC FOITH I (R	Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Step	ohens, Joe, , ,		
Mailing Address	3609 Tongass Avenue,		
	#5416		
	Ketchikan CITY	AK 99901 STATE	ZIP CODE
Title or Position		ber	652 7689
safety deposit boxes of Name of Bank, Deposi		e deposits funds, hol	ds accounts, rents
		AK <sub>1</sub> 99901	
		STATE	ZIP CODE
	itory etc		
Name of Bank, Deposi	itory, etc.		
Name of Bank, Deposi	itory, etc.		
Name of Bank, Deposi			
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