Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Chance For President 3842 LEE CT ADDRESS (number and street) APT 3 (Check if address is changed) Juneau 99801 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sheriffxxxx@gmail.com (Check if address is changed) Optional Second E-Mail Address sheriff@sheriffx.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00699652 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. Trahan, Chance, , , Type or Print Name of Treasurer Trahan, Chance, , , [Electronically Filed] 05 06 2019 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

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		omm 1 (Revised 02/2009) OMMITTEE	Page 2						
		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. (Corinformation below.)	nplete the candidate						
Nam Can	ne of didate	Trahan, Chance, Bradford, ,							
	didate y Affiliati	on DEM Office Sought: House Senate X President	State						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Nam Can	ne of didate								
Par	ty Con	nmittee:	(5)						
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.						
Poli	itical A	ction 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 segregated committee. (i.e., nonconnected committee)							
		In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Join	nt Fund	raising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political						
	Com	mittees Participating in Joint Fundraiser							
	1.	FEC ID number							
	2.	FEC ID number							
	3.	FEC ID number C							
	4.								

FEC Form 1 (Revised (12/2009)	Page 3
Write or Type Committee Name		raye 3
Chance For Pre		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person i	n possession of committee
Trahan, Ch	nance, , ,	1
Mailing Address	3842 LEE CT	
Mailing Address	APT 3	
	Juneau AK 998	301
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- [419
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
Full Name Trahan, Ch	nance, , ,	
Mailing Address	3842 LEE CT	
	APT 3	
	Juneau AK 998	301
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- <u>419</u> - <u>7844</u>

1 LC 1 011	n 1 (Revised 0	2/2009)												Page 4	
Full Name of Designated Agent	Kibodeaux, Vi	ictoria, , ,	,	1 1 1	1 1 1	1 1 1	1 1	1 1			1 1			1 1	1 1
	3	3842 LEE	СТ												
Mailing Address	∟ ₁ 3	3													
		Juneau							AK		9980)1			
	Ľ	Julieau		OLTY									71D 00	- L	
Title or Position				CITY					STAT	_			ZIP CC	DDE	
Financial Analy	st					Tel	ephon	e num	ber	g	007	<u>_</u> ;	500	56	694
During or Other	Depositories.	LIST all r	Dariks of	other depo	ositories ir	n which	the co	mmitte	e der	บรแร	iuiius, i	ioiu	s accou	ınıs, ren	ts
safety deposit be	oxes or maintain Depository, etc.	ns funds.	DATIKS OF	other depo	ositories ir	n which	the co	mmitte	e dep	IOSILS	iunus, i	ioius	s accou	inis, ren	ts
safety deposit be Name of Bank,	Depository, etc.	ns funds.			ositories ir	n which	the co	mmitte	e der	JOSIIS	iunus, i		s accou	ints, ren	ts
safety deposit be	Depository, etc.	ns funds.			ositories ir	n which	the co	mmitte	e der	JOSIGS	lunus, i		s accou	ints, ren	ts
safety deposit be Name of Bank,	Depository, etc.	ns funds.			ositories ir	n which	the co	mmitte	e der	JOSIUS	lulius, i		s accou	inis, ren	its
safety deposit be Name of Bank,	Wells Far	ns funds.			ositories ir	n which	the co	mmitte	e der		9986		s accou	nnis, ren	ts
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safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. PayPal PayPal	rgo 9150 Glac	cier HWY		ositories ir	n which	the co		Al	E))) 1		-	its

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Form/Schedule: F1A Transaction ID:

Info may change, and will be updated upon changes to reflect what is new

Form/Schedule: Transaction ID: