PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Alaskans for Don Young 2504 Fairbanks St ADDRESS (number and street) (Check if address is changed) Anchorage 99503 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS theoffice@vergebenservices.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.alaskansfordonyoung.com (Check if address is changed) DATE 2020 C00012229 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. Thayer, Curtis, , , Type or Print Name of Treasurer Thayer, Curtis, , , [Electronically Filed] 25 2020 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 Only

Local 202-694-1100

	-	. (7)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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
Nam Cand	e of didate	Young, Donald, E, ,	
	didate y Affiliati	on REP Office Sought: House Senate President	State AK District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(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 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	raising 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.	FEC ID number	
	3.		
	4.		

FFC Forms 4 (Davids of	1 03/3000/	Dama 2
FEC Form 1 (Revised Write or Type Committee Nan		Page 3
Alaskans for D		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
Take Back the House	2 020	
Mailing Address	PO Box 30844	
	Bethesda MD	20824-0844
	CITY STATE	ZIP CODE
	ed Organization Affiliated Committee Joint Fundraising Representation and position of the perfectly by name, address (phone number optional) and position of the perfectly by name.	
Schrock	, Tylan, , ,	
Full Name	, your, y,	
Mailing Address	PO Box 2814	
	Seward AK	99664-2814
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	07 491 - 1175
. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; a assistant treasurer).	and the name and address of
Full Name Thayer, C	Curtis, , ,	
Mailing Address	4938 Marion Drive	
-		
	Anchorage	99508
Title or Position	CITY STATE	ZIP CODE
Treasurer	90 Telephone number	07

FEC For i	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Schrock, Tylan, , ,	
Agent		
Mailing Address	PO Box 2814	
	Seward AK 99664	1-1 1
	CITY STATE ZIP	CODE
Title or Position Assistant Treas	surer Telephone number 907 – 491	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds accoves or maintains funds. Depository, etc. Northrim Bank	counts, rents
	₁ PO Box 241489	
Mailing Address		
	Anchorage AK 99524	
	CITY STATE ZIP	CODE
Name of Bank,	Depository, etc.	
		1
Mailing Address		
	CITY STATE ZIP	CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

5(g) c	r(h). Joint Fundraising	p Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
5.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	uising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 2814		
		Seward	AK	99664
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY A	STATE A	ZIP CODE A
33.	Full Name	CITY A		
).	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE A
).	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE A
).	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE A
).	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE A
).	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

h). Joint Fundraisi	ig i aiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
PATRIOT DAY II	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Affiliated Committee y Jo y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
GT FARM TEAM			
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identii Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A