FEC FORM 1		STATEMEN ORGANIZA		Office Us	PAGE 1 / 5
1. NAME OF COMMITTEE (in fu	ull)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Chugach Ala	aska (Corporation PAC	CAC PAC)		1
ADDRESS (number and	street)	3800 Centerpoint Drive			
(Check if add is changed)	dress	Suite 1200			
		Anchorage		AK 99503-582 	25 ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRES	S			
(Check if add is changed)	dress	mhermes@chugach.com	n		
		Optional Second E-Mail Add			
COMMITTEE'S WEB P (Check if add is changed)		RESS (URL)			
2. DATE 06	/ D 10	2021			
3. FEC IDENTIFICATION NUMBER ► C C00564377					
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
I certify that I have exa	amined thi	s Statement and to the best	of my knowledge and belief it	is true, correct and comp	lete.
Type or Print Name of	Treasurer	HERMES, MELISSA, , ,			
Signature of Treasurer	HERM	ES, MELISSA, , ,	[Electronically Filed]	Date 06 / 10	D / Y Y Y Y 2021
NOTE: Submission of fal			nay subject the person signing t N SHOULD BE REPORTED W		ies of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on FEC	FORM 1 ised 06/2012)

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06/10/2021 13 : 32

arms of candidate Office State State candidate Office Sought: House Senate President candidate Office Sought: House Senate President District candidate Office State Office Senate President District candidate Office Sought: House Senate Office District candidate Office State Office Senate Office District candidate Office (National, State (Democratic, Republican, etc.) Part Office Republican, etc.) Part Political Action Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation Cooperative Labor Organization maddition, this com	I	-			
Candidate Committee :: a) This committee is a principal campaign committee. (Complete the candidate information below.) a) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) arms of landidate Office Candidate Office	FEC Fo	Page 2			
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candidate	(b)				
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	(h)				
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
2. FEC ID number	2.	FEC ID number			
3. FEC ID number	3.	FEC ID number			
4 FEC ID number C	4.	FEC ID number			

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

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Chugach Alaska Corporation PAC (CAC PAC)

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

Chugach Alaska Corp			
Mailing Address	3800 Centerpoint Dr		
	Ste 1200		
	Anchorage	AK	99503-5825
	CITY	STATE	ZIP CODE
Relationship: x Connecte	ed Organization Affiliated Committee	Joint Fundraising Representativ	ve Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number o	ptional) and position of the per-	son in possession of committee
HERMES	S MELISSA		

HERMES,	MELISSA, , ,	
Full Name		
Mailing Address	3800 Centerpoint Dr	
	Ste 1200	
	Anchorage AK 99503-5825	
Title or Position	CITY STATE ZIP CODE	
Custodian of Records	Telephone number	

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 of Treasurer	HERMES, MELISSA, , ,
Mailing Address	3800 Centerpoint Dr
	Ste 1200
	Anchorage
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Hickel, Johanna, , ,
Mailing Address	12621 Von Scheben Dr
	Anchorage
	CITY STATE ZIP CODE
Title or Position Designated Age	nt Telephone number

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.

Į	KeyBank Anchorage		<u> </u>
Mailing Address	101 West Benson Blvd		
	Anchorage		9503
	CITY	STATE	ZIP CODE
Name of Bank, De	pository, etc.		
l			
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: F1A Transaction ID :

This amendment reflects a change in the Custodian of Records.

Form/Schedule: Transaction ID: