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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) YUKON KUSKO POLITICAL ACTION COMMITTEE INC PO BOX 2018 ADDRESS (number and street) (Check if address is changed) **BETHEL** 99559 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS YUKONKUSKOPAC@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2021 C00684506 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. Pohjola, Margaret, , , Type or Print Name of Treasurer Pohjola, Margaret, , , [Electronically Filed] 06 30 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 Only

Local 202-694-1100

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		OMMITTEE					
	andidate Committee:						
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	al campaign committee. (Complete the candidate				
Name of Candidate							
	didate y Affiliatio	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
	ne of didate						
Par	Party Committee:						
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.				
Pol	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
(5)		In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee. (i.e., nonconnected committee)			gregated fulld of party				
In addition, this committee is a Lobbyist/Registrant PAC.		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joir	nt Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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V	/rite or Type Committee Nam	ne			
`	YUKON KUSK	O POLITICAL ACTION	ON COMMIT	TEE INC	
6.	Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Represe	entative, or Lead	ership PAC Sponsor
N	ONE			1 1 1 1 1	
L	<u> </u>				<u> </u>
L					
	Mailing Address				
		CITY	S	TATE	ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Rep	presentative	Leadership PAC Sponsor
	Custodian of Records: Ide books and records.	entify by name, address (phone number	- optional) and position of	of the person in	possession of committee
		r:			
	Full Name	/liranda, , ,			
	Mailing Address	P.O. Box 2018			
		Bethel		AK 9955	9
	Title or Position	CITY	STA	ATE	ZIP CODE
			0		
	Assistant Treasurer		Telephone number	907	744 - 7454
			5.1.		
i.	any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	f the treasurer of the con	mmittee; and the	name and address of
	Full Name Pohjola, I	Margaret, , ,			1
	of Treasurer	ID O Poy 2019			
	Mailing Address	P.O. Box 2018			
		Bethel		AK 99559	
	Title or Position	CITY	STA		ZIP CODE
	Treasurer		Telephone number	907	229 - 0866

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Full Name of Designated Agent	esignated Strong, Miranda, , ,						
Mailing Address	P.O. Box 2018						
	Bethel AK 99559 CITY STATE ZIP	P CODE					
Title or Position Assistant Treasu	rer	7454					
safety deposit bo	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.						
Mailing Add	KEYBANK 9041 Old Seward Hwy						
Mailing Address							
	Anchorage AK 99515						
	CITY STATE ZIF	P CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							
	CITY STATE ZIF	P CODE					