FEC

STATEMENT OF

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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 Bristol Bay Action PO Box 141633 ADDRESS (number and street) (Check if address is changed) Anchorage 99514 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS abba@nextlevelpartners.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.alaskansforbristolbayaction.org/ (Check if address is changed) DATE 2022 C00806075 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. May, Jennifer, , , Type or Print Name of Treasurer May, Jennifer, , , [Electronically Filed] 02 2022 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	
	naidate	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.)	plete the candidate
	ne of didate		
	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	ty Con	nmittee:	
(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
		In addition, this committee is a Lobbyist/Registrant PAC.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	
Alaskans for Bristol Bay Action	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records.	in possession of committee
May, Jennifer, , ,	1
Full Name PO Box 141633	
Mailing Address	
Anabara as	9514 , ,
Anchorage AK 95	
Title or Position CITY STATE	ZIP CODE
Treasurer 202 Telephone number	_ 505 _ 1657
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	the name and address of
Full Name May, Jennifer, , , of Treasurer	
Mailing Address PO Box 141633	
Anchorage AK 99	9514
CITY STATE Title or Position	ZIP CODE
Treasurer 202 Telephone number	_ 505 _ 1657

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Full Name of Designated Agent	<u> </u>	<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds. Depository, etc. Bank of America	ds accounts, rents
Mailing Address	100 N Tryon St	
	Charlotte NC 28255	
		ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
	CITY STATE	ZIP CODE
	CITY STATE	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: