

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Interior Voters For John Coghill**

(b) Address (number and street) check if different than previously reported
PO BOX 70681

(c) City, State and ZIP Code
Fairbanks AK 99707

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002711

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2016
through
M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2016

5. (a) Date of Public Distribution(s) M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2016 (b) Communication Title TV- Hopkins Clinton Ad

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: Alaskan IE Group

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Hawkins, Scott, , ,

(b) Address (number and street)
130 Shelly Marie Cir.

(c) City, State and ZIP Code
Anchorage AK 99515

(d) Name of Employer or Principal Place of Business (e) Occupation
Advanced Supply Chain Business Manager

9. Total Donations This Statement

54500.00

10. Total Disbursements/Obligations This Statement

6250.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Hawkins, Scott, , ,

SIGNATURE Hawkins, Scott, , , [Electronically Filed] DATE 11/01/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name Dalton, Kathleen, F., ,	Transaction ID : F91.000001
(b) Address (number and street) 540 Dalton Trail	
(c) City, State and ZIP Code Fairbanks	AK 99709
(d) Name of Employer or Principal Place of Business Retired	(e) Occupation Retired

B. (a) Name Hawkins, Scott, , ,	Transaction ID : F91.000002
(b) Address (number and street) 130 Shelly Marie Cir.	
(c) City, State and ZIP Code Anchorage	AK 99515
(d) Name of Employer or Principal Place of Business Advanced Supply Chain	(e) Occupation Business Manager

C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
The Accountability Project

Mailing Address of Donor
3201 C Street

City State Zip
Anchorage AK 99503

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2016

Amount
50000.00

Transaction ID : F92.000001

B. Full Name of Donor
Hawkins, Scott, , ,

Mailing Address of Donor
130 Shelly Marie Cir.

City State Zip
Anchorage AK 99515

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2016

Amount
2500.00

Transaction ID : F92.000002

C. Full Name of Donor
Hill, John, , ,

Mailing Address of Donor
685 Friar's Way

City State Zip
Fairbanks AK 99709

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2016

Amount
2000.00

Transaction ID : F92.000003

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M M / D D / Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional) ▶

54500.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

54500.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Porcaro Communications			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address of Payee 433 W 9th Ave.			Amount 1250.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Anchorage	AK	99501			
Name of Employer	Occupation				
Purpose of Disbursement (Including title(s) of communication(s)) Production Fee for TV "Hopkins Clinton Ad" - Identifies Hillary Clinton Policy Positions			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____	Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Clinton, Hillary, , ,			District: _____		
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
			District: _____		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
			District: _____		
B. Full Name (Last, First, Middle Initial) of Payee Porcaro Communications			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address of Payee 433 W 9th Ave.			Amount 5000.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Anchorage	AK	99501			
Name of Employer	Occupation				
Purpose of Disbursement (Including title(s) of communication(s)) Placement Fee for TV "Hopkins Clinton Ad" - Identifies Hillary Clinton Policy Positions			Transaction ID : F93.000002		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____	Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Clinton, Hillary, , ,			District: _____		
Transaction ID : F94.000004					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
			District: _____		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
			District: _____		
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			6250.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			6250.00		