

# 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) 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.