

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AFOGNAK NATIVE CORPORATION - ALUTIIQ PAC

ADDRESS (number and street)

3909 ARCTIC BLVD.

(Check if address is changed)

SUITE 500

ANCHORAGE

CITY ▲

AK

STATE ▲

99503

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

PAC@alutiiq.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N/A

2. DATE 04 / 12 / 2017

3. FEC IDENTIFICATION NUMBER ► C 00443937

4. IS THIS STATEMENT NEW (N) OR X 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.

Type or Print Name of Treasurer AMY J. SHIMEK

Signature of Treasurer

Date

04 / 12 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

2017-04-12 00:14:47.48

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

2017-04-12 12:00:14 AM 001474000

Write or Type Committee Name

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

AFOGNAK NATIVE CORPORATION

Mailing Address

3909 ARCTIC BLVD.

SUITE 500

ANCHORAGE

AK

99503

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

MALIA VILLEGAS

Mailing Address

3909 ARCTIC BLVD.

SUITE 500

ANCHORAGE

AK

99503

Title or Position

CITY

STATE

ZIP CODE

ADMINISTRATOR

Telephone number

907

222

9587

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

AMY J. SHIMEK

Mailing Address

3909 ARCTIC BLVD.

SUITE 500

ANCHORAGE

AK

99503

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

907

222

9500

2014741001204

Full Name of Designated Agent

ALISHA DRABEK

Mailing Address

3909 ARCTIC BLVD

SUITE 500

ANCHORAGE

AK

99503

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

907

222

9500

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.

KEY BANK

Mailing Address

101 W. BENSON BLVD

ANCHORAGE

AK

99510

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2017-04-12-03-00147411

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2017 APR 12 PM 12:01

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AFOGNAK NATIVE CORP - ALUTIIQ PAC
3909 ARCTIC BLVD. SUITE 500

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ANCHORAGE, AK 99503
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999 E STREET, NW

WASHINGTON DC 20463

(800) 424-9530

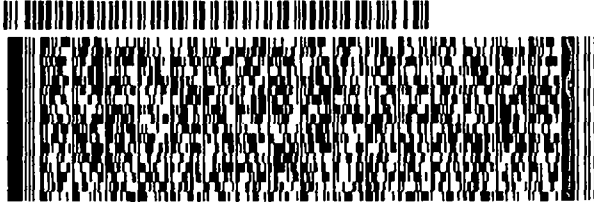
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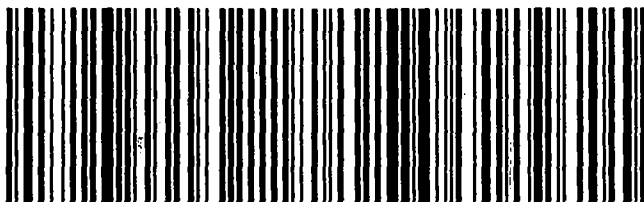
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER *4/12/17*
DATE PREPARED

20170412 0010014