FEC FORM 1		STATE ORGA					2	2015 AUG	ECEIVEE IAIL CEI 13 AMI Use Only) TER 1:39
1. NAME OF COMMITTEE (ir	n full)	(Check if r is changed		Example over the	e:If typing, t ines.	type	12FE4	M5		
FARNELL	CAN	PAIL GN	CUMI	m / TT	EE			1 1 1		
ADDRESS (number a	and street)	2550 E	2219	5 57						
(Check if a	ddress					1 1 1		1.111		
is changed))	FAIRBA	MKS				AK	99	<u>7:0,9</u> -[_	
· .			C	ITY			STATE		ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide o	nly one e-m	nail addres	s)					
(Check if is change		<u> C </u>	<u>531415</u>		h OTM		• C O F	Þ , , , ,		
COMMITTEE'S WEB	3 PAGE ADD	RESS (URL)								
(Check if is change		L <i>N /</i>								
2. DATE	6 3.0	20.15								
3. FEC IDENTIFIC	CATION NU	MBER	<u>C</u> 1		angun panj. mata a band					
4. IS THIS STATE		NEW (N)	OR		AMENDE	D (A)				
I certify that I have a	examined thi	s Statement and to	the best o	of my know	vledge and	belief it	is true, cor	rect and co	omplete.	
Type or Print Name	of Treasurer	TERESA	FARI	NE						
Type or Print Name Signature of Treasure	er D	Na Je	n	l			Date	56	302	015

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 Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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5.			OMMITTEE e Committee:
	(a)	X	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.)
	Nam Cano	ie of didate	CHRISTOPHER FARNELL
		didate y Affiliati	on Office Sought: House Senate X President District
	(c)	يەرى بايد	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Nam Cano	e of didate	
	Par	ty Con	nmittee:
	(d)	° ÷÷¶ 1- -≅•	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
	Poli	itical A	ction Committee (PAC):
	(e)	NA	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
		NIA	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.)
	Join	it Func	Iraising Representative: N/B
	(g)	و معدی در معدی	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.
		Com	mittees Participating in Joint Fundraiser N/A
		1.	FEC ID number
		2.	
		3.	
		4.	

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Г		. *			
FEC Form 1 (Revised	02/2009)		•		Page 3
Write or Type Committee Name	3				· .
N/A					
6. Name of Any Connected C	Organization, Affiliated Com	mittee, Joint Fund	raising Represe	ntative, or Leadershi	PAC Sponsor
Mailing Address					
	CIT	Υ	s	TATE Z	
Relationship:	d Organization	Committee 🗾 Joint	Fundraising Re	presentative Lead	ership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phon	e number optiona	al) and position	of the person in posse	ession of committee
Full Name TIEIR	ESA M FARN	ELL			
Mailing Address	PO BOX 60	861			
		<u> </u>			
	FAIRBANKS			¢ K 99,70	0,6-0,861
Title or Position	CIT	Y.	. ST.	ATE ZI	P CODE
TREASURER	<u></u>	Te	lephone number	<u> 9 0 </u> 7 - 5 9	90-9225
8. Treasurer: List the name an any designated agent (e.g., a		optional) of the trea	asurer of the cor	nmittee; and the name	e and address of
Full Name of Treasurer	ESA M FARN	ELL .		 	<u> </u>
Mailing Address	PO BOX 60	861			
	FAILR BANKS				P CODE
Title or Position		Те	lephone number	1907-159	70-9225
L					

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	TERES B M FARBELL
Mailing Address	$\left PO_{1} B_{0} \times \left[6 0 8 6 \right] \right = \left 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 $
	FAIRBANKS 4K 99706-0861
	CITY STATE ZIP CODE
Title or Position	
TREAS	$V_1 R_1 E_1 R_1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +$

Page 4

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.

CR	EDIT UNIO	NONE		
Mailing Address	1453 UN	YI WERSITY	AVE	
			<u> </u>	
-	FAIRBAN		IAK	99709-111
		CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.	·		
Mailing Address				
		<u>. </u>		
		CITY	STATE	ZIP CODE

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Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
lum	8/13/15
PREPARER (3/2015)	DATE PREPARED