

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2008 MAR 27 AM 9:21

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

SEAN PARNELL FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 100719

(Check if address  
is changed)

ANCHORAGE

AK

99510

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CAMPAININFO@SEANPARNELL.US

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.PARNELLFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

907-338-3857

2. DATE

03/26/2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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.

Type or Print Name of Treasurer

Mary Miller

Signature of Treasurer

Mary Miller

Date

03/26/2008

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 12/2007)

FE3AN042.PDF

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## 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

SEAN PARNELL

Candidate  
Party Affiliation

REP

Office  
Sought:☒

House

☐ Senate☐ President

State

AK

District

00

- (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:

☐ Corporation☐ Corporation w/o Capital Stock☐ Labor Organization☐ Membership Organization☐ Trade Association☐ Cooperative

- (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 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. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |
| 5. | <input type="text"/> | FEC ID number | C |

**Write or Type Committee Name**

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

Mailing Address			
CITY	STATE	ZIP CODE	

**Relationship:**

Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joint Fundraising Representative
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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 MARY ELDER MILLER

Mailing Address 10661 CUTTER CIRCLE

ANCHORAGE AK 99515

CITY STATE ZIP CODE

**Title or Position**

TREASURER Telephone number 907-344-4630

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 MARY ELDER MILLER

Mailing Address 110661 CUTTER CIRCLE

ANCHORAGE AK 99515

CITY STATE ZIP CODE

**Title or Position**

TREASURER Telephone number 907-344-4630

Full Name of  
Designated  
Agent

CARL EKSTROM

Mailing Address

110337 RIDGE PARK DR.

ANCHORAGE

CITY

AK

STATE

99518

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

907-382-3338

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.

NORTH RIM BANK

Mailing Address

3111 C ST.

ANCHORAGE

CITY

AK

STATE

99524-1489

ZIP CODE

Name of Bank, Depository, etc.


Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <span style="margin-left: 20px;">Fed Ex</span> <span style="float: right;">Shipping Date 3/26/08</span>	
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	3/27/08
PREPARER (3/2005)	DATE PREPARED

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