

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Alaskans for Don Young

ADDRESS (number and street) 2504 Fairbanks St

(Check if address is changed)

Anchorage CITY ▲ AK STATE ▲ 99503 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

theoffice@vergebenservices.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.alaskansfordonyoung.com

2. DATE 11 / 17 / 2020

3. FEC IDENTIFICATION NUMBER ▶ C C00012229

4. IS THIS STATEMENT  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 Thayer, Curtis, , ,

Signature of Treasurer Thayer, Curtis, , , [Electronically Filed] Date 01 / 29 / 2021

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.

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 Young, Donald, E, ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  AK District  01

- (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
  - 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  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Alaskans for Don Young

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

Take Back the House 2020

Mailing Address PO Box 30844

Bethesda

MD

20824-0844

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 Schrock, Tylan, , ,

Mailing Address PO Box 2814

Seward

AK

99664-2814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 907 - 491 - 1175

**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 Thayer, Curtis, , ,

Mailing Address 4938 Marion Drive

Anchorage

AK

99508

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 907 - 223 - 8270

Full Name of Designated Agent Schrock, Tylan, , ,  
Mailing Address PO Box 2814  
Seward AK 99664  
CITY STATE ZIP CODE  
Title or Position Assistant Treasurer Telephone number 907 - 491 - 1175

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.

Northrim Bank  
Mailing Address PO Box 241489  
Anchorage AK 99524  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo Bank  
Mailing Address 8302 Woodmont Avenue  
Bethesda MD 20814  
CITY STATE ZIP CODE

Optional Supplemental Information  
for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address

Relationship:

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION

Telephone Number --

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.

Mailing Address

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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

PATRIOT DAY II 2020

Mailing Address   
  
   -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name   
Mailing Address   
  
 CITY ▲ STATE ▲ ZIP CODE ▲  
TITLE OR POSITION ▼ Telephone Number  -  -

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Name of Bank, Depository, etc.   
Mailing Address   
  
 CITY ▲ STATE ▲ ZIP CODE ▲

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4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

GT FARM TEAM

Mailing Address

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

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Telephone Number  -  -

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Name of Bank, Depository, etc.

Mailing Address

CITY ▲  STATE ▲  ZIP CODE ▲

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

Take Back the House 2022

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Telephone Number  -  -

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Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲