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PAGE 1 / 8 =

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZA	ATION	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	Office Use Only
Alaskans fo	or Don Y	ouna		
ADDRESS (number a		2504 Fairbanks St		
(Check if a is changed				
	,	Anchorage │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		AK 99503 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS			
(Check if a is changed		heoffice@vergebenser	vices.com	
	C	ptional Second E-Mail Add	Iress	
	L			
Check if a is changed		ww.alaskansfordonyoung.co	m 	
2. DATE 1	M / D D 1 17	2020		
3. FEC IDENTIFIC	CATION NUM	BER ► C co	00012229	
4. IS THIS STATEN	IENT	NEW (N) OR	× AMENDED (A)	
I certify that I have e	examined this	Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	of Treasurer	Thayer, Curtis, , ,		
Signature of Treasure	er Thayer, C	urtis, , ,	[Electronically Filed]	Date 01 / D D / Y Y Y Y 29 / 2021
NOTE: Submission of			may subject the person signing the person signing the DN SHOULD BE REPORTED W	iis Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only			For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	

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	F	EC For	rm 1 (Revised 02/2009)	Page 2
Т	YPE	OF C	OMMITTEE	
C	Cand	lidate	Committee:	
(8	a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(k))		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate
	lame Candio		Young, Donald, E, ,	
	Candio Party	date Affiliatio	on REP Office Sought: K House Senate President	State AK District 01
(0	c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	lame Candic			
F	Party	v Com	nmittee:	
(0	d)			nocratic, ublican, etc.) Party.
P	oliti	cal A	ction Committee (PAC):	
(e	e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a
			Corporation Corporation w/o Capital Stock	bor Organization
			Membership Organization Trade Association Co	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
(1	f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	pated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
J	oint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Alaskans for Don Young

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

T	ake Back the House 2	2020															
	Mailing Address	PO Box 30844															
		Bethesda							ME		2082	24-084	4	-L			
			CITY						STA	ΤE		Z	IP C	ODE			
	Relationship: Connected	Organization Affilia	ated Com	nmittee	e X	Join	t Fun	draisin	ig Repre	esentat	ive	Lead	ershi	p PA	C Sp	oons	or
7.	Custodian of Records: Iden books and records.	tify by name, address	(phone r	numbe	r 0	ption	al) an	ıd pos	ition of	the pe	erson in	posse	essio	n of	com	mitte	e,
	Schrock, T	ylan, , ,															1
	Full Name																
	Mailing Address	PO Box 2814															
		Seward							Ak	<	9960	64-281	4	- [_			
	Title or Position		CITY						STAT	E		Z	IP CO	DDE			
	Custodian of Records					Te	lepho	one nu	ımber	9	07	. 49	91	-L	11	75	

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
	CITY STATE ZIP CODE
Title or Position Treasurer	907 223 8270 Telephone number 917 1

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Schrock, Tylan, , ,							1												
Mailing Address	PO Box	2814																		
	Seward										Ak			9	9664			- [_		
			CI	ΤY							STAT	E				ZIF	, CO	DE		
Title or Position	Jrer						Tel	epho	one i	านฑ	ber	L	90	07		491 		-	11	75

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.

Bethesda

Ľ	Northrim Bank		
Mailing Address	PO Box 241489		
	Anchorage		99524
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
Ľ	Wells Fargo Bank		
	8302 Woodmont Avenue		
Mailing Address			

CITY

MD

STATE

20814

ZIP CODE

IIIage# 202101299410075052		
FEC Form 1S (Revised 02/20	Optional Supplemental Informationfor Lines 5(g) or (h), 6, 8 and/or 9	Pa
5(g) or (h). Joint Fundraising	Participant:	
1.	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С
6. Name of Any Connected C North to the Future	Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leaders
Mailing Address	PO Box 2814	

age _5_ **of** _8___

4				D number	
Name of Any Connected O North to the Future	-	ommittee, Join	t Fundraising I	Representative, or	r Leadership PAC Sponsor
Mailing Address	PO Box 2814				
	Seward			AK	99664
Relationship:	C			STATE A	
Connected	Drganization	Committee	X Joint Fundrai	sing Representative	Leadership PAC Spons
Designated Agent: Identify b	by name, address (phone	number – optio	onal)		
Full Name					
Mailing Address					
TITLE OR POSITION	, CIJ	⁻Y ▲		STATE A	ZIP CODE
1			Telephone	Number	

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																								
Mailing Address	L																							
	L																							
	L															L					- [
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FFC	Form	1S	(Revised	02/2017)
			(11001000	02/2017

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

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

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PATRIOT DAY II 2020

Mailing Address	228 S. WASHINGTON ST.	
	STE. 115	
		VA 22314
Relationship:		STATE ▲ ZIP CODE ▲
Connected (Organization	X Joint Fundraising Representative

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

Full Name																											
Mailing Address	l																										
	l																										
																				L					- [_		
TITLE OR POSITION	▼					C	۲I	(🔺	•							S	TAT	Έ				ZIP	C	DD	E 4		
												Te	lep	hor	ne I	Nur	nbe	ər			 - L				- [_		

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.															1									
Mailing Address	L																							
	L																							
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FFC	Form	15	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fu	undraising	Participant:
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1	FEC ID number
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number C

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

Mailing Address	PO BOX 30844			
	BETHESDA		MD 208	24
Relationship:	CITY 🔺		STATE A	ZIP CODE
Connected (Organization	e X Joint Fundraisin	g Representative	Leadership PAC Sponsor

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

Full Name																									
Mailing Address	L																								
	L																								
	L																						- [_		
TITLE OR POSITION	▼				C	SITY								S	AT	E				ZIP	C	DD	E		
										Te	lep	hor	ne l	Nur	nbe	er			·L				·L		

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.												1			1									
Mailing Address																								
	L																							
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					С	ITY	′▲						S	TAT	Έ			7	ZIP	C	ODI	Ξ 🔺	•	I

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5(g) or (l	n). Joint Fundraising	g Participant:																	
	1						F	EC I	D nı	ımb	er	С		_		_	_		
	2.						F	EC I	D nı	ımb	er	С							
	3.						F	EC I	D nı	ımb	er	С					_		
	4.						F	EC I	D nı	ımb	er	С		_	_	_		_	
6. N	ame of Any Connected		iliated Co	mmittee	», Joint	Fund	raisin	g Re	pres	enta	ative	, or	Lea	Ider	shir	> PA	c s	pon	sor
	Take Back the Ho	use 2022				1 1		I		I	I		1	I	I		I	1 1	
										I									
	Mailing Address	PO Box 30844																	
		Bethesda								мп			208	324					

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											
TITLE OR POSITION	•	STATE A	ZIP CODE								
Telephone Number -											

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.		<u> </u>																					
Mailing Address																							
					C	IT						S	TAT	Έ			2	ZIP	C	DD	E 🔺		