FEC FORM 1	STATEMEN ORGANIZ		RECEIVED FEC MAIL CENTER 2017 MAY 15 AM 7: 08 Office Use Only	7
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ALASKAF	Epderation 101Fi	Republicon	Womphilli	
ADDRESS (number and str (Check if addre is changed)		270373	AL 29577-L STATE A ZIP COD	
COMMITTEE'S E-MAIL A (Check if addre is changed)		⊥iiiiii dress Iiiiiiiiii]
COMMITTEE'S WEB PAG (Check if addre is changed)				
2. DATE 05	02 2017			
3. FEC IDENTIFICATIO		0249250	x	
4. IS THIS STATEMEN	г X NEW (N) О Я	AMENDED (A)		
I certify that I have exam	ined this Statement and to the best	of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Tre	easurer Christin	~ Hill		
Signature of Treasurer	Cluster Hell		Date 05102 2	017
NOTE: Submission of false		may subject the person signin FION SHOULD BE REPORTED	g this Statement to the penalties of 52 U D WITHIN 10 DAYS.	.S.C. §30109
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100		-

FEC Form 1 (Revised 02/2009)

5.	TYPE OF CO	OMMITTEE						
	Candidate	Committee:						
	(a)	This committee is a principal campaign cor	nmittee. ((Complete the	candidate infor	mation below	.)	
	(b)	This committee is an authorized committee information below.)	, and is I	NOT a principa	al campaign coi	mmittee. (Cor	nplete the can	didate
	Name of Candidate			<u>]</u>		<u> </u>	<u> </u>	
	Candidate Party Affiliatio	on Office Sought:	House	e S	enate	President	State District	
	(c)	This committee supports/opposes only one	candidat	e, and is NOT	an authorized	committee.		
	Name of Candidate							
	Party Com	mittee:						
	(d)	•	lational, S subordin	State ate) committee	e of the		(Democratic, Republican, e	etc.) Party.
	Political Ac	ction Committee (PAC):						
	(e)	This committee is a separate segregated for	und. (Ider	ntify connected	organization on	line 6.) Its co	nnected organi	ization is a:
		Corporation	i c	Corporation w/c	o Capital Stock		Labor Orga	nization
		Membership Organization	Г	rade Associati	on		Cooperative	•
		In addition, this committee is	a Lobbyi	st/Registrant P	AC.			
	(f)	This committee supports/opposes more the committee. (i.e., nonconnected committee)	an one Fe	ederal candida	te, and is NOT	a separate s	egregated fund	d or party
		In addition, this committee is a Lobby	yist/Regis	trant PAC.				
		In addition, this committee is a Leade	ership PA	C. (Identify spo	onsor on line 6.)			
	Joint Fund	raising Representative:						
	(g)	This committee collects contributions, pays fu committees/organizations, at least one of wh						litical
	(h)	This committee collects contributions, pays fu committees/organizations, none of which is a					wo or more pol	itical
	Comr	nittees Participating in Joint Fundraiser						
	1.				FEC ID numb	er C	•	
	2.				FEC ID numb	er C	·	
	3.				FEC ID numb	er C	ų	
	4.				- FEC ID numb	er C	:	
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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ie	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponso
 Custodian of Records: Ide books and records. 	entify by name, address (phone number - optional) and position of the pers	on in possession of committee
Full Name	sa Snelling	
Mailing Address	P.O. Bot 770373	<u></u>
		<u></u>
	Engle RIVER AK	99577-
Title or Position	CITY STATE	ZIP CODE
TITRASUMAN	The Telephone number	7-1233-1596=
 Treasurer: List the name any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee, an assistant treasurer).	nd the name and address of
Full Name E_1	sa Snelling	
Mailing Address	PO Box, 770373	
	EAGLE RIJER JAK	21P CODE
Title or Position	Telephone number 90 ssi elisa. snelling@gmail.com	7-223-596
Lemail Addres	ssi elisa. snelling@gmari.com	

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Full Name of Designated																																	1
Agent					.	1	 1.						 1	 				1		1	<u> </u>	1	1	· 1.	1	1	1	1		1	<u> </u>		
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Title or Position																																	
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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.

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Name of Bank, [Depository, et	tc.																
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STATE

ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMINO The FEC added this page to the end of this filing to indicate	
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USPS First Class Mail S 317	Date of Receipt $S(S)(7)$
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
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Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of I Other (Specify):	Receipt or Postmarked
PREPARER (3/2015)	Slisli7 DATE PREPARED

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