



R. JACK BOHNERT EA

ENROLLED AGENT, TAX ACCOUNTANT

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
15 NOV 19 PM 5:08

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PUBLIC RECORDS
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November 9, 2015

Treadwell Alaska Inc.
528 N Street
Anchorage, AK 99501

Attention: Mead Treadwell

RE: FEC Report Ending 09/30/2015

Dear Mr. Treadwell,

I prepared the FEC report listed above. There is a negative ending cash balance on the report. The account was overdrawn by \$78.00 at Wells Fargo on September 30, 2015. This amount includes a \$35.00 overdraft fee. Unfortunately recurring bank charges from Wells Fargo to the account has put the balance into negative territory.

My advice is to deposit into the account funds necessary to payoff the one trade debt to SCM Associates and bring the account to zero. Then I recommend you close the account and submit a plan to the FEC to terminate the committee since it is inactive.

Sincerely,

Robert J Bohnert

201511190200314948

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 NOV 19 PM 5:08

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

T R E A D W E L L A L A S K A I N C

ADDRESS (number and street)

5 2 B N S T R E E T

Check if different than previously reported. (ACC)

A N C H O R A G E A K 9 9 5 0 1 -

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

0 0 5 4 6 1 3 5

3. IS THIS REPORT NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT

A K 0 1

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

In the State of

5. Covering Period 0 7 / 0 1 / 2 0 1 5 through 0 9 / 3 0 / 2 0 1 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cheryl Frasca

Signature of Treasurer

Cheryl Frasca

Date

11 / 16 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3
(Revised 02/2003)

201511190200314949

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

TREADWELL ALASKA INC

Report Covering the Period: From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	5

 To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	0.00	3,000.00
(b) Total Contribution Refunds (from Line 20(d)) ...	,	,
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	0.00	3,000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	4,667.37	6,391.07
(b) Total Offsets to Operating Expenditures (from Line 14) ...	0.00	4,775.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	4,667.37	1,615.95
8. Cash on Hand at Close of Reporting Period (from Line 27) ...	78.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	260,056.37	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

201511190200314950

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

TREADWELL ALASKA INC

Report Covering the Period: From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	5

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	5

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	,	,
(ii) Unitemized	,	,
(iii) TOTAL of contributions from individuals ..	,	,
(b) Political Party Committees...	,	,
(c) Other Political Committees (such as PACs)...	,	,
(d) The Candidate	0.00	3,000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	3,000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	,	,
(b) All Other Loans...	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b))...	,	,
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...	0.00	4,775.12
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	.24
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	0.00	7,775.36

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	4,667.37	6,391.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	,	,
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	,	,
(b) Of All Other Loans	,	,
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	,	,
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	,	,
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs)...	,	,
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	,	,
21. OTHER DISBURSEMENTS	,	,
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4,667.37	6,391.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	4,589.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0.00
25. SUBTOTAL (add Line 23 and Line 24)...	4,589.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4,667.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	-78.22

201511190200314952

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TREADWELL ALASKA INC

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 7 1 0 2 0 1 5
Mailing Address 301 W Northern Light Blvd		Amount of Each Disbursement this Period 56.00
City Anchorage	State AK	
Zip Code 99503		Category/ Type
Purpose of Disbursement Bank Card Fee		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 8 1 0 2 0 1 5
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period 3.00
City Anchorage	State AK	
Zip Code 99503		Category/ Type
Purpose of Disbursement Bank Fee		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK		Date of Disbursement M M D D Y Y Y Y 0 8 1 2 2 0 1 5
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period 56.00
City Anchorage	State AK	
Zip Code 99503		Category/ Type
Purpose of Disbursement Bank Card Fee		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	115.00
TOTAL This Period (last page this line number only).....	

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (in Full)

TREADWELL ALASKA INC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 8 3 1 2 0 1 5
Mailing Address 301 W Northern Light Blvd		Amount of Each Disbursement this Period 5.00
City Anchorage	State AK	
Zip Code 99503		Category/ Type
Purpose of Disbursement Bank Charge		
Candidate Name		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

B. Wells Fargo Bank		Date of Disbursement M M D D Y Y Y Y 0 9 1 1 2 0 1 5
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period 5.600
City Anchorage	State AK	
Zip Code 99503		Category/ Type
Purpose of Disbursement Bank Card Fee		
Candidate Name		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

C. WELLS FARGO BANK		Date of Disbursement M M D D Y Y Y Y 0 9 1 4 2 0 1 5
Mailing Address 301 W Northern Lights Blvd		Amount of Each Disbursement this Period 35.00
City Anchorage	State AK	
Zip Code 99503		Category/ Type
Purpose of Disbursement Bank Charge		
Candidate Name		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... 96.00

TOTAL This Period (last page this line number only).....

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TREADWELL ALASKA INC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank			Date of Disbursement
Mailing Address 301 W Northern Light Blvd			M M D D Y Y Y Y 0 9 3 0 2 0 1 5
City Anchorage	State AK	Zip Code 99503	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement Bank Charge		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

B. Wells Fargo Bank			Date of Disbursement
Mailing Address 301 W Northern Lights Blvd			M M D D Y Y Y Y 0 9 3 0 2 0 1 5
City Anchorage	State AK	Zip Code 99503	Amount of Each Disbursement this Period 4,406.52
Purpose of Disbursement Audit Adjustment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

C.			Date of Disbursement
Mailing Address			M M
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....

4,411.52

TOTAL This Period (last page this line number only).....

4,622.52

201511190200314955

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : **SC10-LN1**

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>[PERSONAL FUNDS]</i> Mead Treadwell		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 528 N Street		
City Anchorage	State AK	ZIP Code 99501

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000	.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2013	06 / 15 / 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ...	50000.00
TOTALS This Period (last page in this line only) ...	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201511190200314956

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : SC10-LN2

LOAN SOURCE Full Name (Last, First, Middle Initial) Mead Treadwell		[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 528 N Street			
City	State	ZIP Code	
Anchorage	AK	99501	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
83000	.00	83000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	03 ^M 31 ^D 2014	03 ^M 31 ^D 2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	83000.00
TOTALS This Period (last page in this line only) ...	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201511190200314957

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (in Full)
Treadwell Alaska 2014

Transaction ID : SC10-LN3

LOAN SOURCE Full Name (Last, First, Middle Initial) Mead Treadwell	<i>[PERSONAL FUNDS]</i>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address 528 N Street		

City Anchorage	State AK	ZIP Code 99501
-------------------	-------------	-------------------

Original Amount of Loan 70000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 70000.00
----------------------------------	-----------------------------------	---

TERMS	Date Incurred 03 ^M 31 ^D 2014	Date Due 03 ^M 31 ^D 2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 70000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201511190200314958

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : SC10-LN4

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mead Treadwell** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 528 N Street

City **Anchorage** State **AK** ZIP Code **99501**

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7945.11	.00	7945.11

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 11 / 2014	07 / 11 / 2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 7945.11

TOTALS This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201511190200314959

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : SC10-LN5

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* **Mead Treadwell** Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 528 N Street
 City State ZIP Code
 Anchorage AK 99501

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22500	.00	22500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 21 / Y 2014	M 03 / D 21 / Y 2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 22500.00

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201511190200314960

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Treadwell Alaska 2014** Transaction ID : SC10-LN6

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mead Treadwell** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify)

Mailing Address
 528 N Street

City State ZIP Code
 Anchorage AK 99501

Original Amount of Loan **15000** Cumulative Payment To Date **.00** Balance Outstanding at Close of This Period **15000.00**

TERMS Date Incurred **01 / 12 / 2014** Date Due **01 / 12 / 2015** Interest Rate **0.00** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	▶	15000.00
TOTALS This Period (last page in this line only)...	▶	248445.11

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201511190200314961

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
 Excluding Loans

NAME OF COMMITTEE (In Full)
Treadwell Alaska 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates		Nature of Debt (Purpose): Invoice: Maller Printing & Postage
Mailing Address PO Box 254		
City Dublin	State NH	Zip Code 03444

Outstanding Balance Beginning This Period 686.74	Transaction ID : SD10-INV280
Amount Incurred This Period .00	Outstanding Balance at Close of This Period 686.74
Payment This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates		Nature of Debt (Purpose): Invoice: Maller Printing & Postage
Mailing Address PO Box 254		
City Dublin	State NH	Zip Code 03444

Outstanding Balance Beginning This Period 6836.92	Transaction ID : SD10-INV558
Amount Incurred This Period .00	Outstanding Balance at Close of This Period 6836.92
Payment This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mead Treadwell		Nature of Debt (Purpose): Invoice: Travel & Meals
Mailing Address 528 N Street		
City Anchorage	State AK	Zip Code 99501

Outstanding Balance Beginning This Period 4087.60	Transaction ID : SD10-INV1013
Amount Incurred This Period .00	Outstanding Balance at Close of This Period 4087.60
Payment This Period .00	

1) SUBTOTALS This Period This Page (optional)	11611.26
2) TOTALS This Period (last page this line number only)	11611.26
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	248445.11
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	260056.37

201511190200314962

201511190200314963

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

7015 1730 0000 1886 5211

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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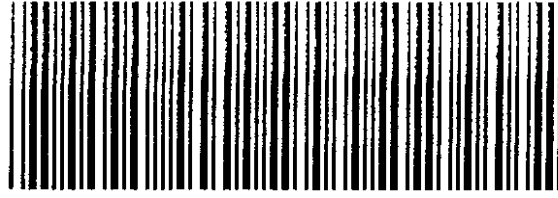
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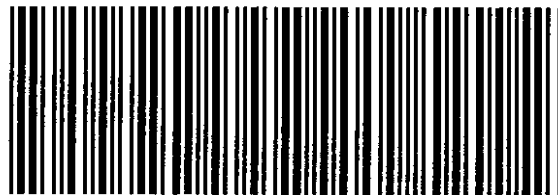
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