2016:02:17:03:00050952

FEC FORM 1

STATEMENT OF ORGANIZATION

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PAGE 1/4 =

				2016 FEB 17 AM 9: 35	
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
MURKOW	SKI VICTO	ORY 2016			, 1
l					
	220	S WASHINGTON STRE	ET STE 146		Ш
ADDRESS (number a		J J J J J J J		<u> </u>	
☐ ◀ (Check if is change)	address			<u> - - - - - - - - - - - - - </u>	لــــــــــــــــــــــــــــــــــــــ
is change		EXANDRIA		VA 22314	
		CITY A		STATE ▲ ZIP CODE ▲	
COMMITTEES E M	All ADDDECC				
COMMITTEE'S E-M	10.4	ILLER@HDAFEC.(~∩M	•	
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	Opti	onal Second E-Mail Ad	ddress		
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			,		
COMMITTEE'S WEE	B PAGE ADDRES	S (URL)			•
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is change	d) <u>L</u> _L			<u>                                     </u>	
	L		<del> </del>		
2. DATE	02 16	2016			
a FEO IDENTIFI	CATION NUMBER				
3. FEC IDENTIFI	CATION NUMBE	H P	<del></del>		
4. IS THIS STATE	MENT 🔀 I	NEW (N) OR	AMENDED (A)		
I certify that I have	examined this Sta	itement and to the bes	at of my knowledge and belief it	is true, correct and complete.	
Type or Print Name	of Treasurer JU	LIA MILLLER			
Signature of Treasur	rer JULIA MILL	LER Jun Jul		Date 0.7 / Du / 7.0	اً لُ
NOTE: Submission of			n may subject the person signing	this Statement to the penalties of 2 U.S.C. §	§437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530	ECL. ELIBINI I	

	FEC Fo	m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	ndidate	Committee:	
(a)	Ц	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	mittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Pa
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization
	_	Corporation Corporation w/o Capital Stock	Labor Organizatio
			_
			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 s committee. (i.e., nonconnected committee)	egregated fund or p
		In addition, this committee is a Lobbyist/Registrant PAC	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)	$\boxtimes$	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	LISA MURKOWSKI FOR US SENATE FEC ID number C CO	0384529
	2.	DENALI LEADERSHIP PAC	0438291
	3.	FEC ID number	

Pa	a	۵	3
_ a	u	c	

Write or Type Committee Name	• '	•	
MURKOWSKI \	VICTORY 2016		
6. Name of Any Connected (	Organization, Affiliated Committee, Join	nt Fundraising Representative,	or Leadership PAC Sponsor
NONE			
			<u></u>
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponsor
	<del></del>	<del></del>	_
7. Custodian of Records: Ide	ntify by name, address (phone number	optional) and position of the p	erson in possession of committee
books and records.			:
Full Name	<u> </u>	<u> </u>	
Mailing Address	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1 1 1 1 1	
	1		1 1-1
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
<ol><li>Treasurer: List the name an any designated agent (e.g.,</li></ol>	d address (phone number optional) of	the treasurer of the committee	and the name and address of
Full Name JULIA MIL of Treasurer			
Mailing Address	228 S WASHINGTON STREET STE 115	5 	
		<del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>	
	ALEXANDRIA		22314
Title or Position	CITY	STATE	ZIP CODE
Title or Position TREASURER	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Telephone number	703  -  549  -  7705
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
A-	2/17/16
PREPARER	DATE PREPARED