

**BEFORE THE
FEDERAL ELECTION COMMISSION**

Bridget Gallagher
Executive Director
Alaska Democratic Party
P.O. Box 231230
Anchorage, AK 99523-1230,

Complainant,

v.

Marc J. Millican
P.O. Box 190125
Anchorage, Alaska 99519; and

Marc Millican for U.S. Senate
P.O. Box 190125
Anchorage, Alaska 99519,

Respondents.

MUR #

5606

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

1 2004 NOV - 2 P 2: 21

COMPLAINT

Complainant files this complaint against Marc J. Millican, and Marc Millican for U.S. Senate (collectively, "Respondents"), for violations of the registration and reporting provisions of the Federal Election Campaign Act and Federal Election Commission ("FEC") regulations, as described below. The facts indicate Millican has met the definition of a "candidate" under federal election law; yet he and his campaign have not registered with the FEC, nor have they disclosed their contributors, as required under federal law.

I. FACTS

Marc Millican is a nonpartisan candidate for the United States Senate from the state of Alaska. His nominating petition has been certified, according to the Alaska Division of Elections, and he will appear on the November 2 ballot. As his web site makes clear, he is an announced and active candidate. See <http://www.millicanussenate.com/Home.html>.

Marc Millican has not filed a Statement of Candidacy (Form 2). He has not designated a principle campaign committee. His ersatz campaign committee, Marc Millican for U.S. Senate,

96729206192

has not filed a Statement of Organization (Form 1). Moreover, neither Millican nor his committee have filed disclosure reports with the FEC. To this day, they have not revealed a single one of their contributors.

To date, Respondents have spent at least \$57,187 on radio and television advertisements. Not all of these are recent expenditures; Respondents made well over \$10,000 of expenditures in the months of July and August. The following chart details the media buys that have been made public through station political files:

Millican Radio Ads					
Date	Paid for by...	Market	Name	Station	Cost
07/26 - 08/29/04	Millican for Senate	Anchorage	N/A	KBRJ / KEAG / KHAR	\$3,795
08/30 - 09/05/04	Millican for Senate	Anchorage	N/A	KBRJ / KEAG / KHAR	\$607
08/02 - 08/29/04	Millican for Senate	Anchorage	N/A	KFQD	\$400
10/1-11/2/04	Millican for Senate	Anchorage	N/A	KENI	\$3,366
				TOTAL	\$8,168
Millican Television Ads					
Date	Paid for by...	Market	Name	Station	Cost
07/26 - 08/23/04	Millican for Senate	Anchorage	N/A	KTUU	\$5,998
07/26 - 08/23/04	Millican for Senate	Anchorage	N/A	KTVA	\$905
8/6-9/3/04	Millican for Senate	Anchorage	N/A	KIMO	\$2,116
10/11-11/2/04	Millican for Senate	Anchorage	N/A	KTUU	\$40,000
				TOTAL	\$49,019

II. LEGAL ARGUMENT

An individual becomes a candidate when he receives contributions, or makes expenditures, in excess of \$5,000. 2 U.S.C. § 431(2)(A) (2004); 11 C.F.R. § 100.3(a) (2004). Individuals must register with the FEC within 15 days of becoming a candidate. 11 C.F.R. § 101.1(a). When registering, candidates must designate a principal campaign committee. *Id.*

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No later than 10 days after being designated a principle campaign committee, the committee must file a Statement of Organization with the FEC. *Id.* § 102.1(a). That committee must then file disclosure reports on a regular basis; the latest quarterly report was due on October 15, and the pre-election report was due on October 21. *See id.* § 104.5(a).

It is evident from Respondents' media buys that they have made well over \$5,000 in expenditures. Moreover, it is clear that this threshold was crossed no later than the end of August 2004. Yet Millican has not filed a Statement of Candidacy with the FEC; Marc Millican for U.S. Senate has not filed a Statement of Organization; and worst of all, Respondents have not deigned to file a disclosure report revealing the identity of their contributors.

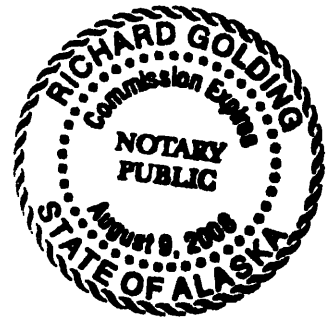
Respondents have flagrantly disregarded the basic tenets of federal election registration and reporting requirements. Mark Millican cannot possibly claim to be so ignorant of these requirements that he did not realize he would have to register and report with the FEC. Indeed, these violations may well rise to the standard of "knowingly and willfully" violating federal election law, raising the specter of criminal penalties.

III. REQUESTED ACTION

As we have shown, the Respondents have violated the Federal Election Campaign Act. Accordingly, we request that they be fined the maximum amount permitted by law, and that this matter be referred to the Public Integrity Section of the Department of Justice.

Sincerely,


Bridget Gallagher



STATE OF ALASKA }
3RD JUDICIAL DISTRICT } ss

SUBSCRIBED AND SWORN to before me this 28 day of OCTOBER, 2004 by
BRIDGET GALLAGHER


My COMMISSION EXPIRES
AUGUST 9, 2008

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Millican Radio Ads					
Date	Paid for by	Market	Name	Station	Cost
07/26 - 08/29/04	Millican for Senate	Anchorage	N/A	KBRJ / KEAG / KHAR	\$3,795
08/30 - 09/05/04	Millican for Senate	Anchorage	N/A	KBRJ / KEAG / KHAR	\$607
08/02 - 08/29/04	Millican for Senate	Anchorage	N/A	KFQD	\$400
10/1-11/2/04	Millican for Senate	Anchorage	N/A	KENI	\$3,366
				TOTAL	\$8,168
Millican Television Ads					
Date	Paid for by	Market	Name	Station	Cost
07/26 - 08/23/04	Millican for Senate	Anchorage	N/A	KTUU	\$5,998
07/26 - 08/23/04	Millican for Senate	Anchorage	N/A	KTVA	\$905
8/6-9/3/04	Millican for Senate	Anchorage	N/A	KIMO	\$2,116
10/11-11/2/04	Millican for Senate	Anchorage	N/A	KTUU	\$40,000
				TOTAL	\$49,019

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page 4 of 7 P. 3

NAB Form PB-16 Candidates

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

I, MARC MILLICAN
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

does does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

- the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.
- the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.

Marc J. Millican
signature of candidate or authorized committee

MARC J. MILLICAN 17SEP04
printed name date

20190203002

page 6 of 7



REQUEST FOR POLITICAL AVAILS AND RATES
(To be filled out and kept on file for public inspection)

To: JOHNNY CAMPBELL
Station: KTUU-TV / Anchorage
From: GENE LUBRANO
Date: 9/21/04

Agency: LUBRANO MEDIA CONSULTING
Address: 3084 BOTTLES BAY LOOP
ANCHORAGE, AK 99515

Phone #: 338-7791
Fax #: 338-7781
Contact: GENE LUBRANO

On behalf of the candidate, the above buyer has requested avails and rates for your station. The information will be used for the following election(s):

- Caucus Special General

Candidate: MARC MILLICAN / Political Party: NON PARTISAN
Office: US SENATE
Address: PO BOX 190125
ANCHORAGE, AK 99519

Phone:
Executive Officer: BRADLEY ROOT Title: TREASURER

2619026389

BEFORE THE
FEDERAL ELECTION COMMISSION

Bridget Gallagher
Executive Director
Alaska Democratic Party
P.O. Box 231230
Anchorage, Alaska 99523-1230,

Complainant,

-vs.-

MUR # 5606

Marc J. Millican
P.O. Box 190125
Anchorage, Alaska 99519,

and

Marc Millican for U.S. Senate
P.O. Box 190125
Anchorage, Alaska 99519,

Respondents..

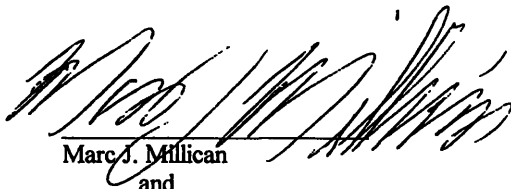
2004 NOV 29 A 10:03
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

RESPONDENTS' ANSWER TO COMPLAINT

Respondents Marc J. Millican and Marc Millican for U.S. Senate hereby DENY each and every allegation in the Complaint filed in this action. All required documents have been filed with the Federal Election Commission.

Respondents hereby move for the DISMISSAL of the Complaint with Prejudice and for an assessment of costs against the Complainant.

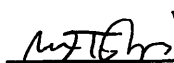
22 NOV 04
Dated


Marc J. Millican
and

Marc Millican for US Senate
P.O. Box 190125
Anchorage, Alaska 99519

Third _____ Judicial District)
State of Alaska) ss.

On this day personally appeared before me Marc J. Millican, to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledge that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned Given under my hand and official seal this 22nd day of Nov, 2004


(Signature of Notary)
Maria Teresa Davis
(Printed Name of Notary)

ADR 270

SECRETARY OF THE SENATE

To: Secretary of the Senate & F.E.C.

8Nov04 04 NOV 15 AM 11:08

From: Marc J. Millican

Subject: Campaign loan

1. I mortgaged a piece of property to fund my campaign. Please see supporting documents, loan # 75533517. I am personally paying this loan back out of my own pocket.

Sincerely,



Marc J. Millican

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FEC FORM 3	REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee	SECRETARY OF THE SENATE 04 NOV 15 AM 11:09 Office Use Only
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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **0040**
MARC JOSEPH MILLICAN

ADDRESS (number and street) **2540 CURLEW CIRCLE**
 Check if different than previously reported. (ACC) **ANCHORAGE AK 99502**

2. FEC IDENTIFICATION NUMBER **00407890** CITY STATE ZIP CODE STATE DISTRICT
 3. IS THIS REPORT NEW OR AMENDED (A) **AK**

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 _____ in the State of _____
 (c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on **11'02'2004** in the State of **AK**

5. Covering Period **08'29'2003** through **11'22'2004**

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 **MARC JOSEPH MILLICAN**
 Signature of Treasurer *[Signature]* Date **11'04'2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §407g.

Office Use Only										FEC FORM 3 (Revised 02/2003)
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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: **PAGE 1 OF 37**
(check only one)
 17 18 19a 19b
 20a 20b 20c 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)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial) A. Scott's Printing Services		Date of Disbursement 04 09 2004
Mailing Address 620 WEST 34th AVE. #221		Amount of Each Disbursement this Period 266.50
City AVC AK	State AK	
Purpose of Disbursement GLIDERS		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State AK	District	

Full Name (Last, First, Middle Initial) B. Scott's Printing Services		Date of Disbursement 05 06 2004
Mailing Address 620 WEST 34th AVE #221		Amount of Each Disbursement this Period 2,393.60
City AVC AK	State AK	
Purpose of Disbursement YOUTH SIGNS		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State AK	District	

Full Name (Last, First, Middle Initial) C. Scott's Printing Services		Date of Disbursement 05 31 2004
Mailing Address 620 WEST 34th AVE #221		Amount of Each Disbursement this Period 19.50
City AVC AK	State AK	
Purpose of Disbursement Shipping		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State AK	District	

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) **154,837.95**

FEAM8544

FEC Schedule B (Form 3) (Revised 02/2002)

24021002367

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

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

FOR LINE NUMBER: **PAGE 2 OF 31**
(check only one)
 17 20a 18 20b 19a 20c 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)
MARC JOSEPH MILLICAN

A Full Name (Last, First, Middle Initial) **SCOTT'S PRINTING SERVICES** Date of Disbursement **06 02 2004**

Mailing Address **620 WEST 34TH AVE #221**

City **ANC** State **AK** Zip Code **99503** Amount of Each Disbursement this Period **300.00**

Purpose of Disbursement **DOOR HANGERS** Category/Type

Candidate Name **MARC J. MILLICAN**

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) President

State: **AK** District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B Full Name (Last, First, Middle Initial) **SCOTT'S PRINTING SERVICES** Date of Disbursement **06 10 2004**

Mailing Address **620 WEST 34TH AVE #221**

City **ANC** State **AK** Zip Code **99503** Amount of Each Disbursement this Period **299.00**

Purpose of Disbursement **DOOR HANGERS** Category/Type

Candidate Name **MARC J. MILLICAN**

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) President

State: **AK** District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C Full Name (Last, First, Middle Initial) **SCOTT'S PRINTING SERVICES** Date of Disbursement **06 10 2004**

Mailing Address **620 WEST 34TH AVE #221**

City **ANC** State **AK** Zip Code **99503** Amount of Each Disbursement this Period **478.30**

Purpose of Disbursement **EMERY BONDS** Category/Type

Candidate Name **MARC J. MILLICAN**

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) President

State: **AK** District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) _____

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

PC00044

FEC Schedule B (Form 3) (Revised 02/2003)

26190263609

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) 17 18 19a 19b 20a 20b 21

PAGE 3 OF 31

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.

Form with 3 entries (A, B, C) for Scott's Printing Services. Includes fields for Name of Committee, Mailing Address, Purpose of Disbursement, Date of Disbursement, Amount of Each Disbursement, and Category Type. Entry A: Buttons + Stickers, \$389.00. Entry B: Postcards, \$3,316.25. Entry C: Freight on Cards, \$972.61.

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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 4 OF 31

17 18 19a 19b 20a 20b 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 F40) MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial) Scott's Printing Services
Mailing Address 620 WEST 34th AVE #221
City ANCHORAGE AK 99503
Purpose of Disbursement FREIGHT ON CARDS
Candidate Name MARC J. MILLICAN
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: AK District:

Date of Disbursement 08 23 2004
Amount of Each Disbursement This Period 408.75
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) Scott's Printing Services
Mailing Address 620 WEST 34th AVE #221
City ANCHORAGE AK 99503
Purpose of Disbursement POSTCARDS
Candidate Name MARC J. MILLICAN
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: AK District:

Date of Disbursement 09 11 2004
Amount of Each Disbursement This Period 1,923.50
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) Scott's Printing Services
Mailing Address 620 WEST 34th AVE #221
City ANCHORAGE AK 99503
Purpose of Disbursement CARDS AIR FREIGHT
Candidate Name MARC J. MILLICAN
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: AK District:

Date of Disbursement 10 20 2004
Amount of Each Disbursement This Period 902.66
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

24021002370

**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 31

<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

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)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial) A. Scott's Printing Services		Date of Disbursement 07 02 2004
Mailing Address 620 WEST 34th AVE #221		Amount of Each Disbursement this Period 500.00
City AVC	State AK	
Zip Code 99503		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRINTING		
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State AK	District	

Full Name (Last, First, Middle Initial) B. Scott's Printing Services		Date of Disbursement 08 01 2004
Mailing Address 620 WEST 34th AVE #221		Amount of Each Disbursement this Period 840.00
City AVC	State AK	
Zip Code 99503		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRINTING		
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State AK	District	

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Date of Disbursement 05 03 2004
Mailing Address ANCHORAGE MPD - STORE 2		Amount of Each Disbursement this Period 150.00
City AVC	State AK	
Zip Code 99509		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MAILERS (AVLC)		
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State AK	District	

SUBTOTAL of Disbursements This Page (optional) _____

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

FE-3000a

FEC Schedule B (Form 3) (Revised 02/2003)

24021002371

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) 17 18 19a 20a 20b 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.

Form with sections A, B, and C. Section A: MARC J. MILLICAN, U.S. Postal Service, AK 99519, 08/02/2004, \$2,000.00. Section B: MARC J. MILLICAN, U.S. Postal Service, AK 99519, 09/30/2004, \$15,000.00. Section C: MARC J. MILLICAN, U.S. Postal Service, AK 99519, 10/12/2004, \$3,000.00. Includes subtotals and totals at the bottom.

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984664

FEC Schedule B (Form 3) (Revised 02/2005)

24021002372

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

Use separate schedules
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 7
(check only one)
 17 18 19a 19b
20a 20b 20c 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) MARC JOSEPH MILLICAN	
Full Name (Last, First, Middle Initial) A. TNT bulk mailing	Date of Disbursement M O N T H D A Y Y E A R 08 02 2004
Mailing Address 360 E Int'l Airport Rd. #6	Amount of Each Disbursement This Period 298.95
City ARC State AK Zip Code 99518	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MAILINGS	
Candidate Name MARC J. MILLICAN	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
State: AK District: _____	
Full Name (Last, First, Middle Initial) B. TNT bulk mailing	Date of Disbursement M O N T H D A Y Y E A R 10 08 2004
Mailing Address 360 E Int'l Airport Rd #6	Amount of Each Disbursement this Period 2,015.44
City ARC State AK Zip Code 99518	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MAILINGS	
Candidate Name MARC J. MILLICAN	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
State: AK District: _____	
Full Name (Last, First, Middle Initial) C. TNT bulk mailing	Date of Disbursement M O N T H D A Y Y E A R 11 04 2004
Mailing Address 360 E Int'l Airport Rd #6	Amount of Each Disbursement This Period 4,248.61
City ARC State AK Zip Code 99518	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MAILINGS	
Candidate Name MARC J. MILLICAN	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
State: AK District: _____	
SUBTOTAL of Disbursements This Page (optional) _____	
TOTAL This Period (last page this line number only) _____	

F04/0004

FEC Schedule B (Form 3) (Revised 02/2003)

24021002373

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 8 of 21

17 18 19a 19b 20a 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 contributors from such territories.

NAME OF COMMITTEE (in Full) MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial) MOTZNIK Info. Services
Mailing Address 8301 Briarwood St. SUITE 100
City AK State AK Zip Code 99518
Date of Disbursement 09 29 2004
Amount of Each Disbursement This Period 1,567.78
Purpose of Disbursement LIST
Candidate Name MARC J. MILLICAN
Office Sought Senate President
Disbursement For: General
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) ANCHORAGE People Mover
Mailing Address 2650 A.E. THOR RD.
City AK State AK Zip Code 99507
Date of Disbursement 10 13 2004
Amount of Each Disbursement This Period 2,750.00
Purpose of Disbursement BUS SIGN
Candidate Name MARC J. MILLICAN
Office Sought Senate President
Disbursement For: General
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) ANCHORAGE PEOPLE MOVER WORKS
Mailing Address 2650 A.E. THOR RD.
City AK State AK Zip Code 99507
Date of Disbursement 07 09 2004
Amount of Each Disbursement This Period 2,750.00
Purpose of Disbursement BUS SIGN
Candidate Name MARC J. MILLICAN
Office Sought Senate President
Disbursement For: General
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

FORM 324

FEC Schedule B (Form 3) (Rev. 02/2002)

26190265815

24021002374

**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 9 OF 31

<input checked="" type="checkbox"/> 17 25a	<input type="checkbox"/> 18 26a	<input type="checkbox"/> 19a 26c	<input type="checkbox"/> 19b 27
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NAME OF COMMITTEE (in full)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial) ANCHORAGE People Mover		Date of Disbursement 07 16 2004
Mailing Address 3150 A.E. TUDDER RD.		Amount of Each Disbursement this Period 2,805.00
City ANC	State AK	
Purpose of Disbursement BUS SIGN		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: AK District: _____		

Full Name (Last, First, Middle Initial) WESTBROOK Advertising+MEDIA MANAGEMENT		Date of Disbursement 06 29 2004
Mailing Address 1104 EAST N. LIGHTS BLVD 99508		Amount of Each Disbursement this Period 15,412.00
City ANC	State AK	
Purpose of Disbursement TV & RADIO ADS		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: AK District: _____		

Full Name (Last, First, Middle Initial) WESTBROOK Advertising+MEDIA MANAGEMENT		Date of Disbursement 07 13 2004
Mailing Address 1104 EAST N. LIGHTS BLVD. 99508		Amount of Each Disbursement this Period 1,058.00
City ANC	State AK	
Purpose of Disbursement TV & RADIO ADS		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: AK District: _____		

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

FEC-9004

FEC Schedule B (Form 3) (Revised 02/2003)

26190263016

24021002375

**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 10 OF 31

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
MARC JOSEPH MILLICAN

A. LIBRANO MEDIA CONSULTING

Full Name (Last, First, Middle Initial)
Mailing Address: **3084 BETTLES Bay Loop**
City: **ARC AR 79515**

Date of Disbursement: **09 17 2004**

Purpose of Disbursement: **TV & RADIO ADS**

Candidate Name: **MARC J. MILLICAN**

Amount of Each Disbursement This Period: **20,000.00**

Office Sought: House Senate Primary General Other (specify) _____

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. LIBRANO MEDIA CONSULTING

Full Name (Last, First, Middle Initial)
Mailing Address: **3084 BETTLES Bay Loop**
City: **ARC AR 79515**

Date of Disbursement: **09 21 2004**

Purpose of Disbursement: **TV & RADIO ADS**

Candidate Name: **MARC J. MILLICAN**

Amount of Each Disbursement This Period: **20,000.00**

Office Sought: House Senate Primary General Other (specify) _____

Disbursement For: Primary General Other (specify) _____

State: **AR** District: _____

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. LIBRANO MEDIA CONSULTING

Full Name (Last, First, Middle Initial)
Mailing Address: **3084 BETTLES Bay Loop**
City: **ARC AR 79515**

Date of Disbursement: **09 29 2004**

Purpose of Disbursement: **TV & RADIO ADS**

Candidate Name: **MARC J. MILLICAN**

Amount of Each Disbursement This Period: **40,000.00**

Office Sought: House Senate Primary General Other (specify) _____

Disbursement For: Primary General Other (specify) _____

State: **AR** District: _____

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) _____

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

80,000
from Sep 29.

24021002376

**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 11 OF 31

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20s 18
30s 19a
50s 19b
21

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NAME OF COMMITTEE (in full)
MARC JOSEPH MILLICAN

A

Full Name (Last, First, Middle Initial) **KAESER & BLAIR INCORP.**

Date of Disbursement **07 16 2004**

Mailing Address **4236 Grissom Dr.**

City **BATAVIA Ohio** State **Ohio** Zip Code **45103**

Purpose of Disbursement **SIORS**

Candidate Name **MARC J. MILLICAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **AK** District: _____

Amount of Each Disbursement this Period **10.02**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B

Full Name (Last, First, Middle Initial) **KAESER & BLAIR INCORP**

Date of Disbursement **07 16 2004**

Mailing Address **4236 Grissom Dr.**

City **BATAVIA, Ohio** State **Ohio** Zip Code **45103**

Purpose of Disbursement **SIORS**

Candidate Name **MARC J. MILLICAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period **395.15**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C

Full Name (Last, First, Middle Initial) **KAESER & BLAIR INCORP**

Date of Disbursement **08 01 2004**

Mailing Address **4236 Grissom Dr.**

City **BATAVIA Ohio** State **Ohio** Zip Code **45103**

Purpose of Disbursement **SIORS**

Candidate Name **MARC J. MILLICAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **AK** District: _____

Amount of Each Disbursement this Period **958.41**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) _____

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

FORM 31

FEC Schedule B (Form 3) (Revised 05/2002)

26190263616

24021002385

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

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

FOR LINE NUMBERS: **PAGE 20 OF 71**
 17 18 19a 19b
 20a 20c 21

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NAME OF COMMITTEE (in Full)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial)
MARC JOSEPH MILLICAN

A **FIRST NATIONAL BANK, AK.** Date of Disbursement
Mailing Address: **P.O. BOX 200588** **02 27 2004**

City: **ANC AK.** State: **AK.** Zip Code: **99520** Amount of Each Disbursement this Period
2.00

Purpose of Disbursement: **BANK SERVICE CHARGE** Category/Type:
Candidate Name: **MARC J. MILLICAN**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: **AK.** District: _____ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)
MARC JOSEPH MILLICAN

B **FIRST NATIONAL BANK, AK.** Date of Disbursement
Mailing Address: **P.O. BOX 200588** **01 30 2004**

City: **ANC AK.** State: **AK.** Zip Code: **99520** Amount of Each Disbursement this Period
2.00

Purpose of Disbursement: **BANK SERVICE CHARGE** Category/Type:
Candidate Name: **MARC J. MILLICAN**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: **AK.** District: _____ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)
MARC JOSEPH MILLICAN

C **FIRST NATIONAL BANK, AK.** Date of Disbursement
Mailing Address: **P.O. BOX 200588** **12 31 2003**

City: **ANC AK.** State: **AK.** Zip Code: **99520** Amount of Each Disbursement this Period
1.85

Purpose of Disbursement: **BANK SERVICE CHARGE** Category/Type:
Candidate Name: **MARC J. MILLICAN**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: **AK.** District: _____ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (set page this line number only) _____

FD-400-04

FEC Schedule B (Form 3) (Revised 02/2003)

20050206107

24021002386

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

PAGE 41 OF 47

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NAME OF COMMITTEE (in full)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial)

A. STATE OF ALASKA DIV OF ELECTIONS

Date of Disbursement: 07 08 2004

Mailing Address: PO. BOX 110017

City: JUNEAU, AK State: AK Zip Code: 99801

Purpose of Disbursement: Pamphlet bio/picture

Candidate Name: MARS J. MILLICAN

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: AK District: _____

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. MONTA STAR TELE. NETWORK

Date of Disbursement: 07 01 2004

Mailing Address: 520 LAKE ST.

City: SITKA, AK State: AK Zip Code: 99835

Purpose of Disbursement: VIDEO (CHAMBER OF COMM.)

Candidate Name: MARC J. MILLICAN

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: AK District: _____

Amount of Each Disbursement this Period: 30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. AK. STATE FAIR

Date of Disbursement: 07 07 2004

Mailing Address: 2075 Glenn Highway

City: PALMER AK, State: AK Zip Code: 99645

Purpose of Disbursement: FAIR Booth (DEPOSIT)

Candidate Name: MARC J. MILLICAN

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: AK District: _____

Amount of Each Disbursement this Period: 50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) _____

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

FEARLESS

FEC Schedule B (Form 3) (Revised 02/2005)

26190263620

24021002387

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FEC LINE NUMBERS (check only one) **PAGE 22 OF 31**

17 18 19a 19b
 20a 20b 21

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NAME OF COMMITTEE (in Full)
MARC JOSEPH MILLICAN

A. AK. STATE FAIR

Full Name (Last, First, Middle Initial)

Mailing Address: **2075 Glenn Highway**

City: **PALMER, AK 99645**

Purpose of Disbursement: **FAIR Booth**

Candidate Name: **MARC J. MILLICAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **AK** District: _____

Date of Disbursement: **08 04 2004**

Amount of Each Disbursement this Period: **350.00**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 409.55

B. Party World Inc.

Full Name (Last, First, Middle Initial)

Mailing Address: **3810 ARCTIC BVD**

City: **AK AK 99503**

Purpose of Disbursement: **TABLE LINEN FOR FAIR**

Candidate Name: **MARC J. MILLICAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **AK** District: _____

Date of Disbursement: **08 25 2004**

Amount of Each Disbursement this Period: **64.00**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 409.55

C. AK. Computer Brokers

Full Name (Last, First, Middle Initial)

Mailing Address: **531 W. Diamond Blvd**

City: **ANC AK 99515**

Purpose of Disbursement: **WEB SITE Computer work**

Candidate Name: **MARC J. MILLICAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **AK** District: _____

Date of Disbursement: **05 17 2004**

Amount of Each Disbursement this Period: **225.00**

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 409.55

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (see page one the number only) _____

FORM 314

FEC Schedule B (Form 3) (Revised 02/2004)

26190263621

24021002393

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

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

FOR LINE NUMBER:

PAGE 18 OF 31

(check only one)
 17
20a

18
20b

19a
20c

19b
21

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NAME OF COMMITTEE (in Full)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial)
A. PIKES WATERFRONT LODGE

Mailing Address

City FAIRBANKS, AK State Zip Code

Purpose of Disbursement
HOTEL ROOM

Candidate Name
MARC J. MILLICAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: AK District:

Full Name (Last, First, Middle Initial)

Mailing Address

City Arlington VA State Zip Code 22201

Purpose of Disbursement
CLASSROOM Campaign briefing

Candidate Name
MARC J. MILLICAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: AK District:

Full Name (Last, First, Middle Initial)

Mailing Address

City ANCHORAGE AK State Zip Code

Purpose of Disbursement
photo

Candidate Name
MARC J. MILLICAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: AK District:

Date of Disbursement
04 24 2004

Amount of Each Disbursement this Period
86.51

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Date of Disbursement
04 29 2004

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Date of Disbursement
04 30 2004

Amount of Each Disbursement this Period
75.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (and usage this line number only)

FORM 314

FEC Schedule B (Form 3) (Required 10/2003)

26190263622

24021002395

**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) <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	PAGE <u>30</u> OF <u>37</u>
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NAME OF COMMITTEE (in Full)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial) A. AL A. ANDERS		Date of Disbursement 09 07 2003
Mailing Address UNKNOWN ADDRESS		Amount of Each Disbursement This Period 285.00
City ANC	State AK	
Purpose of Disbursement NOMINATING PETITION SIGNATURES		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.83
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) v	
State: AK	District:	

Full Name (Last, First, Middle Initial) A. AL A. ANDERS		Date of Disbursement 09 10 2003
Mailing Address UNKNOWN ADDRESS		Amount of Each Disbursement This Period 342.00
City ANC	State AK	
Purpose of Disbursement NOMINATING PETITION SIGNATURES		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.83
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) v	
State: AK	District:	

Full Name (Last, First, Middle Initial) A. AL A. ANDERS		Date of Disbursement 21 2003
Mailing Address UNKNOWN ADDRESS		Amount of Each Disbursement This Period 414.00
City ANC	State AK	
Purpose of Disbursement NOMINATING PETITION SIGNATURES		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.83
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) v	
State: AK	District:	

SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (see page this line number only)			

26199263623

24021002396

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 <u>31</u> OF <u>31</u>	
<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 (or FUD)
MARC JOSEPH MILLICAN

Full Name (Last, First, Middle Initial) A. AL A. ANDERS		Date of Disbursement 09 '29' 2003
Mailing Address UNKNOWN ADDRESS		Amount of Each Disbursement This Period 423.00
City ANC	State AK	
Purpose of Disbursement NOMINATING PETITION SIGNATURES		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MARC J. MILLICAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: AK		
District: _____		
Full Name (Last, First, Middle Initial)		

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement This Period
City	State Zip Code	
Purpose of Disbursement		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:		
Full Name (Last, First, Middle Initial)		

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement This Period
City	State Zip Code	
Purpose of Disbursement		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:		
Full Name (Last, First, Middle Initial)		

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) **154,837.35**

FORM 314

FEC Schedule B (Form 3) (Revised 02/2002)

26190263824