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October 2, 2014

Secretary of the Senate
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To Secretary of the Senate:

Please find enclosed six amended FEC FORMs 1 and FEC FORMs 2 for the Sullivan for U.S. Senate campaign. These forms were amended to reflect the addition of the following joint fundraising representatives:

Cassidy Perdue Sullivan Tillis Victory Fund (CPST Victory Fund)
McFadden Ernst Cotton Sullivan Victory Fund (MECS Victory Fund)
Floridians for a Senate Majority
Sullivan Victory Committee
Gardner Sullivan Victory
New Senate Majority 2014 (NSM 2014)

Sincerely,

A handwritten signature in cursive script that reads "Kathlene Rowell".

Kathlene Rowell
Sullivan for U.S. Senate

14020741116

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Sullivan for US Senate

ADDRESS (number and street) 3705 Arctic Blvd #447 (Check if address is changed) Anchorage AK 99503-5774 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) krowell@sullivan2014.com Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) www.sullivan2014.com

2. DATE 09 / 09 / 2014

3. FEC IDENTIFICATION NUMBER C C00551093

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer Eric Campbell Kathlene Rowell - Assistant Treasurer

Signature of Treasurer Eric Campbell Kathlene Rowell Date 09 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

14020741117

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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. (Complete the candidate information below.)

Name of Candidate Dan Sullivan

Candidate Party Affiliation REP Office Sought: House Senate President State AK District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation
 - Corporation w/o Capital Stock
 - Labor Organization
 - Membership Organization
 - Trade Association
 - 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

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

14020741118

Write or Type Committee Name

Sullivan for US Senate

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

CASSIDY PERDUE SULLIVAN TILLIS VICTORY FUND (CPST VICTORY FUND)

Mailing Address 901 N WASHINGTON ST SUITE 700

Alexandria VA 22314-1535

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name TREASURER

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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 Eric Campbell

Mailing Address 3705 Arctic Blvd #447 Anchorage AK 99503-5774

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 907-529-5492

14020741119

Full Name of Designated Agent Kathlene Rowell

Mailing Address 13630 E GRASSLAND CIR

Palmer AK 99645-9521
 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 907-677-2014

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. Bank of America

Mailing Address 600 N Washington St

Alexandria VA 22314
 CITY STATE ZIP CODE

Name of Bank, Depository, etc. _____

Mailing Address _____

CITY STATE ZIP CODE

14020741120

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 5

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

FOUNDERS SENATE CANDIDATE COMMITTEE

Mailing Address

228 S WASHINGTON STREET SUITE 115

Alexandria

VA

22314-5404

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ●

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

14020741121

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 6

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

[ADDITIONAL]

Legacy Victory Committee 2014

Mailing Address

901 N Washington St., Ste 700

Alexandria

VA

22314-1535

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ●

CITY ●

STATE ●

ZIP CODE ●

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

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FORM 1S - STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 7

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

[ADDITIONAL]

Friends for an American Majority

Mailing Address

228 S. Washington Street

Suite 115

Alexandria

VA

22314-5404

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 8

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

VICTORY TRUST 2014

Mailing Address

228 S WASHINGTON STREET SUITE 115

Alexandria

VA

22314-5404

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ●

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Gardner Daines Sullivan Victory Fund

Mailing Address

901 N Washington Street

Suite 700

Alexandria

VA

22314-1535

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

14020741125

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- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
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PHONE: () - -

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Date Accepted (MMDDYY) Scheduled Delivery Time Insurance Fee COD Fee

Time Accepted 10:30 AM Delivery Fee Return Receipt Fee Live Animal Transportation Fee

Weight Flat Rate Sunday/Holiday Premium Fee \$ \$ \$ \$ \$ \$

ozs. Acceptance Employee Initials Total Postage & Fees \$

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Delivery Attempt (MMDDYY) Time Employee Signature

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United States Senate

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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

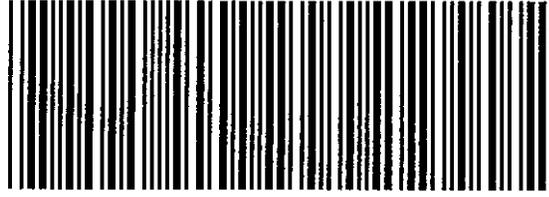
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14020741127



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14020741128