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January 29, 2014

Secretary of the Senate
Senate Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

To Secretary of the Senate:

Please find the enclosed FEC amended Form 1 for the Sullivan for US Senate campaign

Sincerely,

Eric Campbell

Eric Campbell
Treasurer
Sullivan for U.S. Senate

14020142433

Paid for by Sullivan for U.S. Senate

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) (Check if address is changed)

3705 Arctic Blvd #447

Anchorage — CITY ▲

AK — STATE ▲

99503-5774 - 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 10 22 2013

3. FEC IDENTIFICATION NUMBER ▶ 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

Signature of Treasurer *Eric Campbell* Eric Campbell Date 01 26 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.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

14020142434

5. TYPE OF COMMITTEE

Candidate Committee:

(a) X 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 X Senate President

State:

District:

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

Name of Candidate:

Party Committee:

(d) X This committee is a NAT (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 C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

14020142435

Write or Type Committee Name

Sullivan for US Senate

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

Friends for an American Majority

Mailing Address 228 S. Washington Street, Suite 11

Alexandria (CITY) VA (STATE) 22314-5404 (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

Mailing Address

CITY STATE ZIP CODE

Title or Position

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 (CITY) AK (STATE) 99503-5774 (ZIP CODE)

Title or Position: Treasurer

Telephone number: 907-529-5492

14020142436

Full Name of Designated Agent: Eric Campbell

Mailing Address: 3705 Arctic Blvd
#447
Anchorage (CITY) AK (STATE) 99503-5774 (ZIP CODE)

Title or Position: Treasurer

Telephone number: 907-529-5492

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.: Northrim Bank

Mailing Address: P.O. Box 241489
Anchorage (CITY) AK (STATE) 99524 (ZIP CODE)

Name of Bank, Depository, etc.:

Mailing Address:
CITY STATE ZIP CODE

14020142437

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

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Senate Office of Public Records
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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
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PHONE: (202) 224-0322

United States Senate

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14020142439

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