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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ALASKANS FOR DAN SULLIVAN 3705 ARCTIC BLVD #447 ADDRESS (number and street) (Check if address is changed) **ANCHORAGE** 99503 AK CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tim@kochandhoos.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.dansullivanforalaska.com (Check if address is changed) DATE 2025 C00570994 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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 KOCH, TIMOTHY, A., KOCH, TIMOTHY, A.,, Date 11 14 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	Form 1 (Revised 03/2022) Page 2	
	YPE OF COMMITTEE:	
	candidate Committee:	
	a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate SULLIVAN, DAN, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President District	00
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	earty Committee:	
	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party	
	olitical Action Committee (PAC):	
	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)	ty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	oint Fundraising Representative:	
	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.	al
	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.	al
	Committees Participating in Joint Fundraiser	
	1 C	
	2.	

J	FEC Form 1 (Revised 0)2/2009)		Page 3
۷	Vrite or Type Committee Name			
_		R DAN SULLIVAN	- de la la companya de la companya d	
6.		rganization, Affiliated Committee, Joint Fur	idraising Representative, or Leader	rship PAC Sponsor
	SULLIVAN VICTORY	! 		
	Mailing Address	901 N WASHINGTON ST		
		SUITE 700		
		ALEXANDRIA	VA 22314	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X	Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Records: Ident books and records.	rify by name, address (phone number optiona	al) and position of the person in posses	sion of committee
	KOCH, TIN	MOTHY, A., ,		
	Full Name			
	Mailing Address	901 N WASHINGTON ST, SUITE 700		
		1		
		ALEXANDRIA	VA 22314	I=I
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111 -	STATE =	211 OODL =
	TREASURER		Telephone number 703 - [299 8571
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee; and the r	name and address of
	Full Name KOCH, TIM	МОТНҮ, А., ,		
	of Treasurer			
	Mailing Address	901 N WASHINGTON ST, SUITE 700		
		ALEXANDRIA	VA 22314	
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	TREASURER		Telephone number 703 -	299 - 8571

Full Name of Designated Agent	
Mailing Address	
	CODE ▲
Title or Position ▼	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accordingly safety deposit boxes or maintains funds.	counts, rents
Name of Bank, Depository, etc.	
NORTHRIM BANK PO BOX 241489	
Mailing Address	
ANGUODAGE	
ANCHORAGE AK 99524	
CITY ▲ STATE ▲ ZIP (CODE A
Name of Bank, Depository, etc.	
BANK OF AMERICA	
Mailing Address 600 N WASHINGTON ST	
ALEXANDRIA VA 22314	
CITY ▲ STATE ▲ ZIP	CODE ▲

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(h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON STREET		
	SUITE 115		
Relationship:	ALEXANDRIA CITY A	VA VA STATE ▲	22314 ZIP CODE ▲
riciationship.	OH T	SIAIE	ZIF CODE A
	Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi		Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name L Mailing Address	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management.	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. N BRIDGE BANK	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.						
				FEC I	D number	С
2.				FEC I	D number	С
3.				FEC I	D number	С
4.				FEC I	D number	С
Name of Any Co FRIENDS OF			ted Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
Mailing Add	dress	3337 NORTH HUL	LEN ST.			
		SUITE 301				
		METAIRIE		, , , , , ,	LA	70002
Relationship	p:		CITY A		STATE A	ZIP CODE ▲
esignated Ager	nt: Identify b	y name, address (phone number – optio	nal)		
Pesignated Ager Full Name	nt: Identify b	y name, address (phone number – optio	nal)		1 1 1 1 1 1 1 1 1 1
		y name, address (phone number – optio	nal)		
Full Name		y name, address (phone number – optio	nal)		
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Full Name	ess		phone number – optio	nal)	STATE A	ZIP CODE A

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SENATE N	AAJORITY 421 OFFICE P MOUNTAIN BE	PARK DRIVE		FEC FEC	AL STATE A	33	eadership PAC Sp	
SENATE N	AAJORITY 421 OFFICE P MOUNTAIN BE	PARK DRIVE ROOK CITY		FEC	C ID number C ID number Representative AL STATE	C C	5223	
SENATE N	AAJORITY 421 OFFICE P MOUNTAIN BE	PARK DRIVE ROOK CITY		undraising	Representative AL STATE	C ve, or Le	5223	
SENATE N	AAJORITY 421 OFFICE P MOUNTAIN BE	PARK DRIVE ROOK CITY		undraising	Representativ	ve, or Le	5223	
SENATE N	AAJORITY 421 OFFICE P MOUNTAIN BE	PARK DRIVE ROOK CITY			AL STATE A	33	5223	
SENATE N	AAJORITY 421 OFFICE P MOUNTAIN BE	PARK DRIVE ROOK CITY			AL STATE A	33	5223	
dress p:	421 OFFICE P MOUNTAIN BE	ROOK CITY A		loint Fundrai	STATE A			
p: Connected	MOUNTAIN BE	ROOK CITY A		loint Fundrai	STATE A			
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Connected	Organization	CITY 4		loint Fundrai	STATE A			
Connected	Organization	CITY 4		loint Fundrai	STATE A			<u> </u>
Connected		-		loint Fundrai		`	ZIP CODE	<u> </u>
		Affiliated Com	mittee X	loint Fundrai			_	
ess								
POSITION V	7	CITY ▲			STATE ▲		ZIP CODE ▲	
				Telephone	e Number			
	Depositoric oxes or main	Depositories: List all bank oxes or maintains funds. PACIFIC NATIONAL	Depositories: List all banks or other depositors or maintains funds. PACIFIC NATIONAL BANK 11390 BRICKELL AVE	Depositories: List all banks or other depositories in who exes or maintains funds. PACIFIC NATIONAL BANK 11390 BRICKELL AVE	CITY ▲ CITY ▲ Telephone Depositories: List all banks or other depositories in which the composes or maintains funds. PACIFIC NATIONAL BANK 11390 BRICKELL AVE	CITY ▲ STATE ▲ CITY ▲ Telephone Number Depositories: List all banks or other depositories in which the committee depositories or maintains funds. PACIFIC NATIONAL BANK	CITY ▲ STATE ▲ Telephone Number Depositories: List all banks or other depositories in which the committee deposits funds oxes or maintains funds. PACIFIC NATIONAL BANK	POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —

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1.		Participant:				
I				FEC ID	number	C
2				FEC ID	number	С
3.				FEC ID	number	C
4.				 FEC ID	number	С
						
	_	_	ated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
UPHO	OLD THE SENAT	E 				
Ма	ailing Address	228 S WASHINGT	TON ST STE 115			
		ALEXANDRIA			VA	22314
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ted Agent: Identify	by name, address	(phone number – option	nal)		
	ted Agent: Identify	by name, address	(phone number – option	nal)		1 1 1 1 1 1 1 1 1 1
Full		by name, address	(phone number – option	nal)		
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Full I	Name	by name, address	(phone number – option	nal)		
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h). Joint Fundraisi	.g . a		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
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T			
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
KEEP THE SENATE			
Mailing Address	421 OFFICE PARK DR		
	MOUNTAIN BROOK	, , , , AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee X Jorganization Affiliated Committee X Jorganization Affiliated Committee X Jorganization	oint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identing Full Name	by by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	by pame, address (phone number – optional) CITY	STATE A	
esignated Agent: Identing Full Name	by by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A cries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	CITY A cries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A cries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A