Image# 202511149792606410 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

_											
1.	(a) Name of Candid SULLIVAN, DA	` ,									
	(b) Address (number	(b) Address (number and street)				Candidate's FEC Identification Number S4AK00214					
	(c) City, State, and ANCHORAGE	AK 99503			3. Is This				Amended (A)		
4. Party Affiliation			5. Office Soug			6. State & Dis	trict of Candid	date		_	
	REPUBLICAN PA										
		DE	SIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMM	ITTEE			
7.	I hereby designate	the following na	med political co	ommittee as m	ny Principal (Campaign Com	mittee for the	2026 (year of elect	elect	ion(s).
	NOTE: This design		filed with the ap	opropriate offi	ce listed in th	ne instructions.					
	(a) Name of Comm	,	^ N	\							
	ALASKAI	NS FOR D	AN SULLI	VAN							
	(b) Address (number	*									
	3705 ARCTIC	BLVD #447									
	(c) City, State, and	ZIP Code									
	ANCHORAG	E				AK	99503	3			
		DE				THORIZED		TEES			
_						g Representati	·				
8.	I hereby authorize t candidacy.	he following nar	ned committee	, which is NO	r my principa	al campaign co	mmittee, to re	eceive and exp	end fund	s on	behalf of my
	NOTE: This design	ation should be f	filed with the pr	incipal campa	ign committe	ee.					
	(a) Name of Comm	ittee (in full)									
	SULLIVA	N VICTOR	RY								
	(b) Address (number 901 N WASHII										
	SUITE 700 (c) City, State, and	7ID Codo									
	ALEXANDRIA					VA	22314				
		-									
	I certif	y that I have exa	amined this Sta	tement and to	the best of i	my knowledge	and belief it is	s true, correct a	and comp	lete.	
Si	gnature of Candida	ite					Date				
S	ULLIVAN, DAN, , ,						11/14/20	25			
N	OTE: Submission of	false, erroneous	, or incomplete	information m	nay subject t	he person signi	ing this Stater	ment to penalti	es of 2 U	.S.C.	§437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	2 of 3	
Page	OI	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint	Fundraising Represer	tatives)					
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full) 2025 SENATORS CLASSIC COMMITTEE							
	(b) Address (number and street) 228 S WASHINGTON STREET SUITE 115							
	(c) City, State, and ZIP Code	\/A	20244					
	ALEXANDRIA	VA	22314					
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the principal candidacy.			opend funds on behalf of my				
	(a) Name of Committee (in full)							
	FRIENDS OF KENNEDY							
	(b) Address (number and street) 3337 NORTH HULLEN ST. SUITE 301							
	(c) City, State, and ZIP Code							
	METAIRIE	LA	70002					
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the princi			opend funds on behalf of my				
	ONE TEAM SENATE MAJORITY							
	(b) Address (number and street) 421 OFFICE PARK DRIVE							
	(c) City, State, and ZIP Code							
	MOUNTAIN BROOK	AL	35223					
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) UPHOLD THE SENATE (b) Address (number and street) 228 S WASHINGTON ST STE 115			xpend funds on behalf of my				
	(c) City, State, and ZIP Code	1/4	2224.4					
	ALEXANDRIA	VA	22314					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	3 of 3	
Page	OT	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	KEEP THE SENATE							
	(b) Address (number and street)							
	421 OFFICE PARK DR							
	(c) City, State, and ZIP Code							
	MOUNTAIN BROOK AL 35223							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							