**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) SSA Marine Inc. Good Government Fund 1131 SW Klickitat Way ADDRESS (number and street) (Check if address is changed) Seattle WA 98134-1108 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address krister.holladay@ssamarine.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00397893 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 Holladay, J. Krister, , Date 04 14 2025 Signature of Treasurer Holladay, J. Krister, , , 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

FEC Form 1 (Revised 03/2022)	Page 2					
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						
Candidate Office Party Affiliation Sought: House Senate President	State					
	District					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	) Party					
Political Action Committee (PAC):						
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
X Corporation Corporation w/o Capital Stock Labor Organi	zation					
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.)						
(g) This committee is an independent expenditure-only political committee (Super PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) 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.						
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. [ C						
C						

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٧	Vrite or Type Committee Nar			<u> </u>
	SSA Marine Inc	c. Good Government Fund		
6.	eadership PAC Sponsor			
	None			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	_			
	Relationship: Connecte	ed Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ide	entify by name, address (phone number optiona	l) and position of the person in p	ossession of committee
	books and records.			
	Holladay	, J. Krister, , ,		
	Full Name			
	Mailing Address	606 Tivoli Passage		
		Alexandria	, , VA , , ;	22314-1900 , ,
		Ackardina		_   -
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number 202	549 6774
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.			
	Full Name Holladay	y, J. Krister, , ,		
	of Treasurer			
	Mailing Address	606 Tivoli Passage		
		Alexandria	, , VA , , ;	22314-1900
	Title on Decition	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			540
	Treasurer		Telephone number 202	_   -   549   -   6774

FEC Form 1 (F	Revised 02/2009)		Page <b>4</b>		
Full Name of Designated F Agent	Holladay, J. Krister, , ,				
Mailing Address	606 Tivoli Passage				
	Alexandria	VA 223	14-1900		
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲		
Treasurer		Telephone number 202 -	549 - 6774		
	epositories: List all banks or other depositories in whice or maintains funds.	ch the committee deposits funds, h	olds accounts, rents		
Name of Bank, Dep	Name of Bank, Depository, etc.				
Bank of America					
Mailing Address	800 5th Ave.				
	Seattle	WA 9810	4		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Dep	pository, etc.				
L					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		