

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |             |                                                    |                                       |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE IN FULL<br><b>LISA MURKOWSKI FOR U.S. SENATE</b>                                                                                                   |             |                                                    |                                       |                                                                                                                                                         |
| ADDRESS (number and street) P.O. BOX 100847                                                                                                                             |             |                                                    |                                       |                                                                                                                                                         |
| CITY<br>ANCHORAGE                                                                                                                                                       |             | STATE<br>AK                                        | ZIP CODE<br>99510                     |                                                                                                                                                         |
| 2. NAME OF CANDIDATE<br>MURKOWSKI, LISA, , ,                                                                                                                            |             | 3. OFFICE SOUGHT (State and District)<br>Senate AK |                                       | 4. FEC IDENTIFICATION NUMBER<br>C00384529                                                                                                               |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                    |                                       |                                                                                                                                                         |
| A. FULL NAME<br><b>MARRS, CARL, H, ,</b>                                                                                                                                |             |                                                    |                                       | Name of Employer<br>OLD HARBOR NATIVE CORP<br><br>Transaction ID : 6711595756C8D40B1<br>Occupation<br>CEO                                               |
| MAILING ADDRESS<br>2239 SORBUS WAY                                                                                                                                      |             |                                                    |                                       |                                                                                                                                                         |
| CITY<br>ANCHORAGE                                                                                                                                                       | STATE<br>AK | ZIP CODE<br>99508-4051                             | Date (month, day, year)<br>10/29/2022 |                                                                                                                                                         |
|                                                                                                                                                                         |             |                                                    | Amount<br>2900.00                     |                                                                                                                                                         |
| B. FULL NAME<br><b>RYAN, KEVIN, , ,</b>                                                                                                                                 |             |                                                    |                                       | Name of Employer<br>COVENANT HOUSE INTL<br><br>Transaction ID : 68F1CC84BE72A49F:<br>Occupation<br>CEO                                                  |
| MAILING ADDRESS<br>5 PENNSYLVANIA PLAZA                                                                                                                                 |             |                                                    |                                       |                                                                                                                                                         |
| CITY<br>NEW YORK                                                                                                                                                        | STATE<br>NY | ZIP CODE<br>10001                                  | Date (month, day, year)<br>10/30/2022 |                                                                                                                                                         |
|                                                                                                                                                                         |             |                                                    | Amount<br>2900.00                     |                                                                                                                                                         |
| C. FULL NAME<br><b>KNUTSON, KAREN, , ,</b>                                                                                                                              |             |                                                    |                                       | Name of Employer<br>CHEVRON<br><br>Transaction ID : 675D8F6691B124CD1<br>Occupation<br>ATTORNEY                                                         |
| MAILING ADDRESS<br>6929 RIVER OAKS DR                                                                                                                                   |             |                                                    |                                       |                                                                                                                                                         |
| CITY<br>MCLEAN                                                                                                                                                          | STATE<br>VA | ZIP CODE<br>22101                                  | Date (month, day, year)<br>10/30/2022 |                                                                                                                                                         |
|                                                                                                                                                                         |             |                                                    | Amount<br>1000.00                     |                                                                                                                                                         |
| D. FULL NAME                                                                                                                                                            |             |                                                    |                                       | Name of Employer                                                                                                                                        |
| MAILING ADDRESS                                                                                                                                                         |             |                                                    |                                       |                                                                                                                                                         |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                           | Date (month, day, year)               |                                                                                                                                                         |
|                                                                                                                                                                         |             |                                                    | Amount                                |                                                                                                                                                         |
| E. FULL NAME                                                                                                                                                            |             |                                                    |                                       | Name of Employer                                                                                                                                        |
| MAILING ADDRESS                                                                                                                                                         |             |                                                    |                                       |                                                                                                                                                         |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                           | Date (month, day, year)               |                                                                                                                                                         |
|                                                                                                                                                                         |             |                                                    | Amount                                |                                                                                                                                                         |
| SIGNATURE (optional)<br>KOCH, TIMOTHY, , ,                                                                                                                              |             |                                                    | DATE<br>10/31/2022                    | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| [Electronically Filed]                                                                                                                                                  |             |                                                    |                                       |                                                                                                                                                         |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)