# STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Brian Fitzpatrick for Congress PO Box 939 ADDRESS (number and street) (Check if address is changed) Langhorne 19047 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00607416 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. Maye, Elaine, , , Type or Print Name of Treasurer Maye, Elaine,,, [Electronically Filed] 07 15 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

EEC Form 1 (Portland 00/0000)		Page 9
FEC Form 1 (Revised 02/2009)  TYPE OF COMMITTEE		Page <b>2</b>
Candidate Committee:		
(a) This committee is a prin	ncipal campaign committee. (Complete the candidate information below.)	)
(b) This committee is an au information below.)	uthorized committee, and is NOT a principal campaign committee. (Com	plete the candidate
Name of Candidate Fitzpatrick, B	rian, , ,	
Candidate Party Affiliation REP	Office Sought: X House Senate President	State PA District 01
(c) This committee supports	s/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(Matienal Otata	(Danas anatis
(d) This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PA	AC):	
(e) This committee is a sep	parate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Or	rganization Trade Association	Cooperative
In addition	on, this committee is a Lobbyist/Registrant PAC.	
(f) This committee support committee. (i.e., nonconn	ts/opposes more than one Federal candidate, and is NOT a separate senected committee)	egregated fund or party
In addition, this o	committee is a Lobbyist/Registrant PAC.	
In addition, this o	committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representat	ive:	
(g) This committee collects of	contributions, pays fundraising expenses and disburses net proceeds for two.s, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h) This committee collects of	contributions, pays fundraising expenses and disburses net proceeds for tw s, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in	ı Joint Fundraiser	
1. [	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	r ago <b>c</b>
Brian Fitzpatrick for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rshin PAC Sponsor
	Iship FAC Sponsor
Team Fitz	
PO Box 30844  Mailing Address	
Bethesda MD 20824	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee July Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in p books and records.</li> </ol>	ossession of committee
Campaign, Financial Services, , ,	1
Full Name PO Box 30844	
Mailing Address	
Bethesda , MD , 20824	
Detilesua	
Title or Position CITY STATE	ZIP CODE
Record Keeper 301 Telephone number	654 3220
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name Maye, Elaine, , ,	1
of Treasurer	
Mailing Address 104 Tulip Road	
Southampton PA 18966	
CITY STATE Title or Position	ZIP CODE
Treasurer  Telephone number  215  Telephone number	750 - 0110

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
Name of Bank, Deposit		
Name of Bank, Deposit	tory, etc.	
Name of Bank, Deposit	tory, etc.	06
Name of Bank, Deposit	tory, etc.  gle Bank  2001 K Street Northwest	06 ZIP CODE
Name of Bank, Deposit	tory, etc.  gle Bank  2001 K Street Northwest  Washington  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	tory, etc.  gle Bank  2001 K Street Northwest  Washington  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	tory, etc.  gle Bank  2001 K Street Northwest  Washington  CITY  STATE  tory, etc.	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	tory, etc.  gle Bank  2001 K Street Northwest  Washington  CITY  STATE  tory, etc.	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit  We	tory, etc.  gle Bank  2001 K Street Northwest  Washington  CITY  STATE  tory, etc.	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit  We	tory, etc.  gle Bank  2001 K Street Northwest  Washington  CITY  STATE  tory, etc.	ZIP CODE

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (

n). <b>Joint Fundraisin</b>	I	FEO ID	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Spor
Protect the House			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
esignated Agent: Identify	by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
Full Name	ries: List all banks or other depositories in which t	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	ries: List all banks or other depositories in which t	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	composition of the position of the state of	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or material depository, etc.	ries: List all banks or other depositories in which thintains funds.  Bridge Bank	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b> r	g Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected Problem Solvers	Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spon
Mailing Address	824 S Milledge Ave Ste 101		
Walling Address			
	Athens	ı GA ı	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC S
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC S
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esignated Agent: Identif	y by name, address (phone number – optional		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional		
Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional  CITY   CITY    ories: List all banks or other depositories in whether the state of the sta	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor of the deposit boxes or maintain the deposi	y by name, address (phone number – optional  CITY   CITY    ories: List all banks or other depositories in whether the state of the sta	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional  CITY   CITY    ories: List all banks or other depositories in whether the state of the sta	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or material deposition and the second	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisin</b>	1	FEO 15 1	C
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
Take Back The H	ouse 2020		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identify	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	y by name, address (phone number – optional)		
esignated Agent: Identify	y by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material depository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

1		FEC II	O number O number	C
3. 4. 4.		J FEC II		
4.		J		C
		FEC II	) number	C
Name of Any Connected			0 number	С
Patriot Day 1 2020	Organization, Affiliated Committee, Joint Fu	ındraising Rep	oresentative	e, or Leadership PAC Spons
Mailing Address	228 S. Washington St.			1 1 1 1 1 1 1 1 1 1
	Ste. 115			
	Alexandria		VA	22314
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Designated Agent: Identify	Organization Affiliated Committee X by name, address (phone number – optional	Joint Fundraisin	g 1.0p.000	tive Leadership PAC Spo
Full Name				
Full Name	by name, address (phone number – optiona			
Full Name	by name, address (phone number – optiona		STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

h). <b>Joint Fundraisi</b> r	ig i di dolpanti				
1.			FEC	D number	C
2.			FEC	D number	С
3.			FEC	D number	С
4.			FEC	D number	С
	_	ted Committee, Joint I	Fundraising Re	epresentativ	ve, or Leadership PAC Spon
Americans United	I for Freedom				
	228 S. Washington	St			
Mailing Address					
	Ste. 115				
	Alexandria			_ VA _ ⊥	22314
Relationship:		CITY A		STATE A	ZIP CODE A
			Joint Fundraisi	ng Represen	tative Leadership PAC Sp
Connecte esignated Agent: Identif				ng Represen	tative Leadership PAC Sp
esignated Agent: Identif				ng Represen	tative Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
PROBLEM SOLV	VER REPUBLICANS		
<u> </u>			
	204 0 MILL EDGE AVE OTE 404		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name     Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A