FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Brian Fitzpatrick for All of Us PO Box 939 ADDRESS (number and street) (Check if address is changed) Langhorne 19047 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2024 C00607416 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Maye, Elaine,, Date 01 03 2024 Signature of Treasurer Maye, Elaine, , , 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

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FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	(Complete the candidate
Name of Candidate Fitzpatrick, Brian, , ,	
Candidate Party Affiliation REP Office Sought: House Senate Pre	State PA esident District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
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 separa committee. (i.e., nonconnected committee)	ate segregated fund or party
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 account	ts (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 proceed committees/organizations, at least one of which is an authorized committee of a federal call.	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	·
Committees Participating in Joint Fundraiser	
1. , , , , , , , , , , , , , , , , , ,	

J	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Irite or Type Committee Name			
	Brian Fitzpatrick	for All of Us		
6.	-	ganization, Affiliated Committee, Joir	nt Fundraising Representa	tive, or Leadership PAC Sponsor
	Team Fitz			
	Mailing Address	PO Box 30844		
		Bethesda	MD	
		CITY ▲	STATE	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repre	sentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number o	ptional) and position of the pe	erson in possession of committee
	CFS, Comp	liance, , ,		
	Full Name	PO Box 30844		
	Mailing Address			
		Bethesda		
		CITY ▲	STATE	E ▲ ZIP CODE ▲
	Title or Position ▼			
	Record Keeper		Telephone number	301 - 654 - 3220
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) o ssistant treasurer).	f the treasurer of the comm	ittee; and the name and address of
	Full Name Maye, Elain of Treasurer	e, , ,		
	Mailing Address	104 Tulip Road		
		Southampton	PA	18966
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	215 - 750 - 0110

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Full Name of Designated Agent		
Mailing Address		
Title or Decition -	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	Telephone number	
Banks or Other De safety deposit boxe	epositories: List all banks or other depositories in which the committee deposits funds, s or maintains funds.	holds accounts, rents
Name of Bank, Dep	pository, etc.	
_′	Vells Fargo Bank	
Mailing Address	7901 Wisconsin Avenue	
	Bethesda 20	814
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Dep	pository, etc.	
L	Fulton Bank	
Mailing Address	One Penn Square	
	Lancaster PA	602
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
PROTECT THE HO	Organization, Affiliated Committee, Joint Fund JSE 2024	iraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte	od Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi	od Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	od Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	STATE A	ZIP CODE A

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

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(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
EMMER MAJORITY	'BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA	30605
	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Spo
Connect		pint Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	pint Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Joint by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address	ed Organization Affiliated Committee X Joseph Josep		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of the position of the	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions afety deposit boxes or necessity.	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or no proposition of Bank, Chain Depository, etc.	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or no proposition of Bank, Chain Depository, etc.	ed Organization	STATE A Telephone Number	ZIP CODE A

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

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	/ Connected O		red Committee, Joint I	FEC II	number number number number	C C C
3. 4. Name of Any			red Committee, Joint I	FEC II	number number	С
4. Name of Any			red Committee, Joint I	FEC II) number	
Name of Any			red Committee, Joint I			С
			ed Committee, Joint I	Fundraising Rer		
			ed Committee, Joint I	undraising Ber		
AMERICA	AN BATTLEGI	ROUND FUND		unulaising nep	resentativ	e, or Leadership PAC Spons
Mailing	Address	PO BOX 30844				
		 			1 1 1	
		BETHESDA			MD	20824
Relation	nship:		CITY A		STATE A	ZIP CODE ▲
	Connected C	Organization At	filiated Committee	Joint Fundraising	g Represent	ative Leadership PAC Spo
Full Name		<u> </u>				
		l				
			CITY A		STATE A	ZIP CODE A
TITLE O	R POSITION ▼	,	J.			0022 _
				Telephone N	umber	

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

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Page	of °	

h). Joint Fundrais	ing i ai dolpant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
GROW THE MAJOR	RITY		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	, , , , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
Connect			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional CITY Ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional CITY Ories: List all banks or other depositories in what intains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE ZIP CODE ts funds, holds accounts, rent