Only

STATEMENT OF

PAGE 1/5 =

FORM 1		Ol	RGAN	IZA ⁻	TIO	N												
												(Office	Use C	nly			
NAME OF COMMITTEE (in	n full)		Check if nam changed)	e		ole:If typ ne lines		pe	1	2FI	Ξ4M	5	_					
Fairshake																		
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		2038 Ford	l Parkway															
ADDRESS (number a	•	#404																Ш.
X ◀ (Check if is change)																		Ш
		St. Paul CIT	Γ Υ ▲						L	MN TATE		55	116	Z	- <u>Z</u> IP C	CODE	<u> </u>	Ш
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if is change		brandon	@bisonstrate	gies.net	1 1 1	1 1	1 1	1 1	1 1	ı		ı			ı	1 1	1	. I
is change	u)	Optional 5	Second E-Ma	ail Addre	SS													
				I I														
COMMITTEE'S WEE		DESS (LIE)															
(Check if		JNE33 (UN	iL)															
is change	d)																	Ш
																		Ш
2. DATE 0	7 07		y y y 2025															
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C	C008	335959													
4. IS THIS STATE	MENT	NEW	(N) O	R	×	AME	NDED	(A)										
I certify that I have	examined th	is Statemer	nt and to the	best of	my kno	owledge	and b	elief i	it is tr	ue, c	corre	ct an	d coi	mplet	e.			
Type or Print Name	of Treasurer	Philipczy	k, Brandon, ,	,														
Signature of Treasur	er Philip	czyk, Brando	on, , ,						Dat	e	M)7	/ [07	/)25	Y
NOTE: Submission of	false, errone		mplete inform					-					pen	alties	of 5	2 U.S.	.C. §3	30109.
Office Use					F	or furthe ederal Ele oll Free 8	ection Co	ommis		t:						RM 5/2012)		

Local 202-694-1100

EC 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 information below.)	the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ted 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) X 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1 [C	
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_	FEC Form 1 (Revised 02	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Fairshake		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	Protect Progress		
	Mailing Address	2038 Ford Parkway	
		4410	
		St. Paul	55116
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the p	person in possession of committee
	Philipczyk,	3randon, , ,	
	Mailing Address	2038 Ford Parkway	
		<u> </u> #404	
		St. Paul	55116
		CITY ▲ STATE	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	651 - 769 - 3196
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the comn ssistant treasurer).	nittee; and the name and address of
	Full Name Philipczyk, of Treasurer	3randon, , ,	
	Mailing Address	2038 Ford Parkway	
	· ·	# 404	
		St. Paul	N 55116 -
		CITY ▲ STATE	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	651 769 3196

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Full Name Designate Agent		
Mailing A	ldress	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or P	osition ▼	
	Telephone number	
. Banks or safety dep	Other Depositories: List all banks or other depositories in which the committee deposits funds, osit boxes or maintains funds.	holds accounts, rents
Name of	Bank, Depository, etc.	
	Amalgamated Bank	
Mailing Ad	dress 1825 K St NW	
	Washington DC 20	006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of	Bank, Depository, etc.	
		1
NA - Tr A -	· · · · · · · · · · · · · · · · · · ·	
Mailing Ad	dress	
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ig i artiolpariti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Poprosontativ	o or Loadorchin BAC Spon
Defend American Jo		indiaising nepresentativ	e, or Leadership FAO Spons
Mailing Address	228 S Washington St		
	Suite 115		
	Alexandria	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification			ative Leadership PAC Sp
Connecte esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identification			ative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optional		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank, Connected Connected Estimated Agent: Identification of Connected Estimated Estim	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number ich the committee deposit	ZIP CODE A