**FEC** 

Only

# STATEMENT OF

PAGE 1 / 11 -

**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 2025 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 09 22 2025 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 below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
Name of Candidate Fitzpatrick, Brian, , ,	
Candidate Office Party Affiliation REP Sought: X House Senate President	State PA
Party Affiliation REP Sought: House Senate President	District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democrati	c,
(d) This committee is a	n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	_
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 accounts (Hybrid P.	AC).
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 (	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		
	Brian Fitzpatrick	for All of Us	
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leadership PAC Sponsor
	Team Fitz		
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of th	e person in possession of committee
	CFS, Com	pliance, , ,	
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Record Keeper	Telephone number	r 301 - 654 - 3220
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the colassistant treasurer).	mmittee; and the name and address of
	Full Name Maye, Elai of Treasurer	ne,,,	
	Mailing Address	104 Tulip Road	
		Southampton	PA 18966
	Title or Desition -	CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Title or Position ▼    Treasurer	Telephone number	r   215  -  750  -  0110

FEC <b>Form 1</b> (F	devised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Desition -	CITY ▲ STATE	▲ ZIP CODE ▲
Title or Position ▼		
Banks or Other De safety deposit boxes	<b>positories:</b> List all banks or other depositories in which the committee depo or maintains funds.	sits funds, holds accounts, rents
Name of Bank, Dep	ository, etc.	
L	Vells Fargo Bank	
Mailing Address	7901 Wisconsin Avenue	
	Bethesda MD	20814
	CITY ▲ STATE	▲ ZIP CODE ▲
Name of Bank, Dep	ository, etc.	
E	ulton Bank	
Mailing Address	One Penn Square	
	Lancaster	17602
	CITY ▲ STATE	▲ ZIP CODE ▲

Page	of 11
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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
_	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 ▲
		oint Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Jo	sint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Journal of the state		
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the property	STATE A Telephone Number	ZIP CODE A
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite Pafety deposit boxes or make the safety deposit boxes or ma	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite Pafety deposit boxes or make the safety deposit boxes or ma	Affiliated Committee X Journal of the position	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee X Journal of the position	STATE A Telephone Number	ZIP CODE A

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h). <b>Joint Fundraisi</b> r	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
AMERICAN BATTLE	GROUND FUND		
Mailing Address	PO BOX 30844		
	BETHESDA	, ,   MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee X Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the second seco	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.  Chain	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the second seco	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  Bridge Bank	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.  Chain	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  Bridge Bank	STATE A	ZIP CODE A

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MAJORIT  Iress  Connected	228 S Washing Ste 115 Alexandria Organization	gton St CITY A		FE	Representat	ive, or Lo	2314	
MAJORIT  Iress  Connected	228 S Washing Ste 115 Alexandria Organization	gton St CITY A		Fundraising	Representat	ive, or Lo	2314	
MAJORIT  Iress  Connected	228 S Washing Ste 115 Alexandria Organization	gton St CITY A			VA		2314	
dress  Connected	228 S Washing Ste 115 Alexandria Organization	CITY					ZIP COD	E A
o: Connected	Ste 115 Alexandria Organization	CITY					ZIP COD	EA
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Connected	Organization	-					ZIP COD	E <b>A</b>
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		Affiliated Com	mittee X	– .				
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OSITION 1		CITY A			STATE A		ZIP CODE	<b>A</b>
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	<b>Depositorio</b> xes or main	Depositories: List all bank xes or maintains funds.  Forbright Bank  4445 Willard Av	Depositories: List all banks or other depoxes or maintains funds.  Forbright Bank   4445 Willard Avenue	CITY ▲  Depositories: List all banks or other depositories in waxes or maintains funds.  Forbright Bank	CITY ▲  CITY ▲  Telephor  Depositories: List all banks or other depositories in which the coxes or maintains funds.  Forbright Bank	CITY ▲ STATE ▲  Telephone Number  Depositories: List all banks or other depositories in which the committee depoxes or maintains funds.  Forbright Bank	CITY ▲ STATE ▲  COSITION ▼  CITY ▲ Telephone Number  Depositories: List all banks or other depositories in which the committee deposits funds xes or maintains funds.  Forbright Bank	CITY ▲ STATE ▲ ZIP CODE  Telephone Number — — — — — — — — — — — — — — — — — — —

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(h). <b>Joint Fundraisi</b>	ng Participant:		
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4.		FEC ID number	С
laws of Amy Commodes	A Commission Affiliated Commission Laint Town	luciaiu — Danus antatiu	a and and and in DAO Course
SCOTT FRANKLIN	d Organization, Affiliated Committee, Joint Fund WINGMAN FUND	indisting nepresentative	e, or Leadership FAC Spons
Mailing Address	P.O. BOX 2811		
	LAKELAND	FL L	33806
Deletienskin	OITV A	STATE ▲	ZIP CODE ▲
	CITY ▲  ed Organization	nt Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
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Connected Resignated Agent: Identification of Position	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A

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	ng Participant:		
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4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund		, or Leadership PAC Spon
<u> </u>			
Mailing Address	PO B0X 26141		
	ALEXANDRIA	VA	22313
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

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Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
TEAM SCALISE			
Mailing Address	320 1ST ST SE		
J			
	WASHINGTON	ı DC ı	20003
Relationship:			
neialionship.	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address (phone number - optional	)	
Designated Agent: Identify	by name, address (phone number – optional		
	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name	CITY	STATE A	ZIP CODE A
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h). <b>Joint Fundraisi</b>	ng Participant:		
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ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
SUCCESS FOR THI	E FUTURE FUND		
Mailing Address	824 S MILLEDGE AVE STE 101		1 1 1 1 1 1 1 1 1
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
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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   Cries: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A