

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Protect Progress

ADDRESS (number and street)

2038 Ford Parkway

#410

Check if different
than previously
reported. (ACC)

St. Paul

MN

55116

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00848440

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

01

01

2025

06

30

2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Philipczyk, Brandon, , ,

Signature of Treasurer

Philipczyk, Brandon, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y

07

31

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Protect ProgressReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
01		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
06		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>2025</div>		1896857.21
(b) Cash on Hand at Beginning of Reporting Period.....	1896857.21	
(c) Total Receipts (from Line 19)	452492.42	452492.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2349349.63	2349349.63
7. Total Disbursements (from Line 31).....	1071839.94	1071839.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1277509.69	1277509.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10241.45	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Protect Progress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

250000.00

250000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

250000.00

250000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)

250000.00

250000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

202492.42

202492.42

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

452492.42

452492.42

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

452492.42

452492.42

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	59047.94	59047.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	59047.94	59047.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1012792.00	1012792.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1071839.94	1071839.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1071839.94	1071839.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	250000.00	250000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250000.00	250000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	59047.94	59047.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	202492.42	202492.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	- 143444.48	- 143444.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 16
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

Protect Progress

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ripple Labs Inc.

Mailing Address 600 Battery St

City
San FranciscoState
CAZip Code
94111-1817FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2025

Transaction ID : 0069D83566654D87951F

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250000.00

250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 16
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Protect Progress

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Targeted Platform Media LLC

Mailing Address P.O. Box 237

City
CrownsvilleState
MDZip Code
21032-0237FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04	/	01	/	2025

Transaction ID : 3C4C863A8B3D9DFA0F0

Amount of Each Receipt this Period

☐ Memo Item

Partial Refund of Media Buys

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protect Progress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K Street, NW

City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : 18122EEAD7

Amount of Each Disbursement this Period

79.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K Street, NW

City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : 5A119A81307

Amount of Each Disbursement this Period

178.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 1825 K Street, NW

City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	2	5	

FEC Identification Number

C

Transaction ID : CFEA800C6E

Amount of Each Disbursement this Period

62.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

321.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protect Progress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K Street, NW

City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : FFA89A6E42

Amount of Each Disbursement this Period

104.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K Street, NW

City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : CFC1D73C2E

Amount of Each Disbursement this Period

100.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bison Strategies

Mailing Address 1874 SW St Andrews Dr

City
Palm CityState
FLZip Code
34990

Purpose of Disbursement

Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : V1CC739727

Amount of Each Disbursement this Period

6000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6205.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protect Progress

Full Name (Last, First, Middle Initial)

A. Bison Strategies

Mailing Address 1874 SW St Andrews Dr

City
Palm CityState
FLZip Code
34990

Purpose of Disbursement

Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : V19D43BD60

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bison Strategies

Mailing Address 1874 SW St Andrews Dr

City
Palm CityState
FLZip Code
34990

Purpose of Disbursement

Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : VBCFFB53E2

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bison Strategies

Mailing Address 1874 SW St Andrews Dr

City
Palm CityState
FLZip Code
34990

Purpose of Disbursement

Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : VDDC84C81

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protect Progress

Full Name (Last, First, Middle Initial)

A. Bison Strategies

Mailing Address 1874 SW St Andrews Dr

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	2	5		

City
Palm CityState
FLZip Code
34990

FEC Identification Number

C **Transaction ID : VFEE86DA92**

Amount of Each Disbursement this Period

 6000.00☐ Memo Item

Purpose of Disbursement

Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bison Strategies

Mailing Address 1874 SW St Andrews Dr

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	2	5		

City
Palm CityState
FLZip Code
34990

FEC Identification Number

C **Transaction ID : V6C863535E1**

Amount of Each Disbursement this Period

 6000.00☐ Memo Item

Purpose of Disbursement

Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Covington & BurlingMailing Address One City Center
850 Tenth Street, NW

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	5		

City
WashingtonState
DCZip Code
20001

FEC Identification Number

C **Transaction ID : VC723437AE**

Amount of Each Disbursement this Period

 259.00☐ Memo Item

Purpose of Disbursement

Legal Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12259.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

Protect Progress

Full Name (Last, First, Middle Initial)

A. Covington & BurlingMailing Address One City Center
850 Tenth Street, NWCity
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Legal Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : V15FCAB291

Amount of Each Disbursement this Period

442.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DDC Public AffairsMailing Address 1615 L Street, NW
Suite 400City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Database License

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : VA993041658

Amount of Each Disbursement this Period

17500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DDC Public AffairsMailing Address 1615 L Street, NW
Suite 400City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Compliance Services

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : VF724DFD6E

Amount of Each Disbursement this Period

2800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20742.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protect Progress

Full Name (Last, First, Middle Initial)

A. DDC Public AffairsMailing Address 1615 L Street, NW
Suite 400City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Compliance Services

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : V32764DF741

Amount of Each Disbursement this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DDC Public AffairsMailing Address 1615 L Street, NW
Suite 400City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Compliance Services

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : V70F6566522

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DDC Public AffairsMailing Address 1615 L Street, NW
Suite 400City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Compliance Services

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : VA4C1E7939

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

58829.02

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protect Progress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Studio Waterloo LLC

Nature of Debt (Purpose):

IE-Pekarsky-Graphic Design

Mailing Address 60 L Street NE. Apt. 708

City
WashingtonState
DCZip Code
20002

Outstanding Balance Beginning This Period

0.00

Transaction ID : 5D090E00F4AF4DEB443C

Amount Incurred This Period

327.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

327.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Sexton Group

Nature of Debt (Purpose):

IE-Pekarsky-Text Messages

Mailing Address 440 N Wells St
Suite 200City
ChicagoState
ILZip Code
60654-4550

Outstanding Balance Beginning This Period

0.00

Transaction ID : 06F0A5813652162B759E

Amount Incurred This Period

9914.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

9914.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

10241.45

2) **TOTALS** This Period (last page this line number only)..... ►

10241.45

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

10241.45

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protect Progress		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00848440</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee Targeted Platform Media LLC <input type="checkbox"/> Memo Item Mailing Address P.O. Box 237 City Crownsville State MD Zip Code 21032-0237 Purpose of Expenditure IE-Walkinshaw-Media Buy Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000000.00</div> Transaction ID : VE4E326753D735CBB771 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate: Walkinshaw, James, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: VA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1023033.45</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special Primray	
Full Name of Payee Dockside Strategies <input type="checkbox"/> Memo Item Mailing Address 8 The Green Ste 14712 City Dover State DE Zip Code 19901 Purpose of Expenditure IE-Walkinshaw-Media Production Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12792.00</div> Transaction ID : V4E7B1BC1F65F9663E32 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate: Walkinshaw, James, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: VA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1023033.45</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special Primary	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1012792.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Philipczyk, Brandon, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protect Progress			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00848440</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee The Sexton Group <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 27 / 2025	
Mailing Address 440 N Wells St Suite 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9914.20</div>	
City Chicago	State IL	Zip Code 60654-4550	Transaction ID : V06F0A5813652162B759 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure IE-Pekarsky-Text Messages		Category/ Type 004		
Name of Federal Candidate: Pekarsky, Stella, , Sen., <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 1023033.45			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special Primary	
Full Name of Payee Studio Waterloo LLC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 27 / 2025	
Mailing Address 60 L Street NE. Apt. 708			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">327.25</div>	
City Washington	State DC	Zip Code 20002	Transaction ID : V5D090E00F4AF4DEB443 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure IE-Pekarsky-Graphic Design		Category/ Type 004		
Name of Federal Candidate: Pekarsky, Stella, , Sen., <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 1023033.45			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special Primary	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1012792.00</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Philipczyk, Brandon, ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 23 / 2025	