**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. Protect Progress 2740 SW Martin Downs Blvd ADDRESS (number and street) #51 (Check if address is changed) Palm City 34990 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address brandon@bisonstrategies.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00848440 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 Philipczyk, Brandon, , Philipczyk, Brandon, , , Date 12 14 2023 Signature of Treasurer 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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|-----------------|---|--|--|--|--|
| TYPE C          | DF COMMITTEE:   |  |  |  |  |
| Candid          | date 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 the candidate information below.)                         |  |  |  |  |
| Name<br>Candid  |   |  |  |  |  |
| Candid<br>Party | date Office State Affiliation Sought: House Senate President District   |  |  |  |  |
| (c)             | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |  |  |  |
| Nam<br>Cand     | ne of<br>didate   |  |  |  |  |
| Party 0         | Committee:  |  |  |  |  |
| (d)             | This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party  |  |  |  |  |
| Politica        | al 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 separate segregated fund or party committee. (i.e., nonconnected committee) |  |  |  |  |
|                 | 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.   |  |  |  |  |
|                 | ar addition, the committee is a georgical rate.   |  |  |  |  |
|                 | Fundraising Representative:   |  |  |  |  |
| Joint F         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political                                     |  |  |  |  |
| Joint F         |   |  |  |  |  |

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|----------|---|--|--------------------------------|--|--|--|--|
| ٧        | Irite or Type Committee Name  |  |                                |  |  |  |  |
| <u> </u> | Protect Progress  |  | or Leadership PAC Sponsor      |  |  |  |  |
| ).       | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor FAIRSHAKE |  |                                |  |  |  |  |
|          | TAIROTAIRE  |  |                                |  |  |  |  |
|          |   |  |                                |  |  |  |  |
|          | Mailing Address   | 2740 SW MARTIN DOWNS BLVD  |                                |  |  |  |  |
|          |   |  |                                |  |  |  |  |
|          |   | PALM CITY FL   | 34990                          |  |  |  |  |
|          |   | CITY ▲ STATE ▲   | ZIP CODE ▲                     |  |  |  |  |
|          | Relationship: Connected   | Organization X Affiliated Organization Joint Fundraising Represent                     | ative Leadership PAC Sponso    |  |  |  |  |
|          |   |  |                                |  |  |  |  |
| 7.       | Custodian of Records: Identi books and records.   | y by name, address (phone number optional) and position of the perso                   | n in possession of committee   |  |  |  |  |
|          | Philipczyk,   | Brandon  |                                |  |  |  |  |
|          | Full Name   |  |                                |  |  |  |  |
|          | Mailing Address   | 1874 SW Saint Andrews Dr   |                                |  |  |  |  |
|          |   |  |                                |  |  |  |  |
|          |   | Palm City FL   | 34990                          |  |  |  |  |
|          |   | CITY ▲ STATE ▲   | ZIP CODE ▲                     |  |  |  |  |
|          | Title or Position ▼   | 5 =  | Lii 0051 —                     |  |  |  |  |
|          | Treasurer   | Telephone number   | 651 - 769 - 3196               |  |  |  |  |
| 3.       | Treasurer: List the name and any designated agent (e.g., a  | address (phone number optional) of the treasurer of the committee ssistant treasurer). | e; and the name and address of |  |  |  |  |
|          | Full Name Philipczyk,   | Brandon, , ,   |                                |  |  |  |  |
|          | of Treasurer  |  |                                |  |  |  |  |
|          | Mailing Address   | 1874 SW Saint Andrews Dr   |                                |  |  |  |  |
|          |   |  |                                |  |  |  |  |
|          |   | Palm City FL   | 34990                          |  |  |  |  |
|          |   | CITY ▲ STATE ▲   | ZIP CODE ▲                     |  |  |  |  |
|          | Title or Position ▼   |  |                                |  |  |  |  |
|          |   | Telephone number   | 651                            |  |  |  |  |

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|--------------------------------|--|----------------------------|---------------------------|--|--|--|--|
| Full Name of<br>Designated     |  |                            |                           |  |  |  |  |
| Agent                          |  |                            |                           |  |  |  |  |
| Mailing Address                |  |                            |                           |  |  |  |  |
|                                |  |                            |                           |  |  |  |  |
|                                |  |                            |                           |  |  |  |  |
| Title or Position              | CITY ▲   | STATE ▲                    | ZIP CODE ▲                |  |  |  |  |
|                                |  | elephone number            |                           |  |  |  |  |
|                                | <b>Depositories:</b> List all banks or other depositories in which xes or maintains funds. | the committee deposits fun | ds, holds accounts, rents |  |  |  |  |
| Name of Bank, I                | Name of Bank, Depository, etc.   |                            |                           |  |  |  |  |
|                                | Amalgamated Bank   |                            |                           |  |  |  |  |
| Mailing Address                | 1825 K St NW   |                            |                           |  |  |  |  |
|                                |  |                            |                           |  |  |  |  |
|                                | Washington   | DC                         | 20006                     |  |  |  |  |
|                                | CITY ▲   | STATE ▲                    | ZIP CODE ▲                |  |  |  |  |
| Name of Bank, Depository, etc. |  |                            |                           |  |  |  |  |
|                                |  |                            |                           |  |  |  |  |
| Mailing Address                |  |                            |                           |  |  |  |  |
|                                |  |                            |                           |  |  |  |  |
|                                |  |                            |                           |  |  |  |  |
|                                | CITY ▲   | STATE ▲                    | ZIP CODE ▲                |  |  |  |  |