Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Eddie Geller for Congress ADDRESS (number and street) (Check if address is changed) Mango 33550 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@eddiegeller.com (Check if address is changed) Optional Second E-Mail Address |brandon@bisonstrategies.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.eddiegeller.com (Check if address is changed) DATE 2021 C00786954 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Philipczyk, Brandon, , , Philipczyk Type or Print Name of Treasurer Philipczyk, Brandon, , , Philipczyk [Electronically Filed] 80 12 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Cor	
Name Candi		information below.) Geller, Eddie, , ,	
Candi Party	date Affiliatio	on DEM Office Sought: X House Senate President	State FL District 15
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Com	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N		
Eddie Geller f	for Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Philipo Full Name	czyk, Brandon, , , Philipczyk	
Mailing Address	1874 SW St Andrews Dr	
a		
	Palm City FL 3	4990
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Philipc of Treasurer	zyk, Brandon, , , Philipczyk	
Mailing Address	1874 SW St Andrews Dr	
		1990
Title or Position Treasurer	CITY STATE 651	ZIP CODE
	Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	or maintains funds.	
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. malgamated Bank	
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. malgamated Bank	20006
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc. malgamated Bank 1825 K St NW	
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. malgamated Bank 1825 K St NW Washington CITY STATE	20006
safety deposit boxes Name of Bank, Depo An Mailing Address	or maintains funds. pository, etc. malgamated Bank 1825 K St NW Washington CITY STATE	20006
safety deposit boxes Name of Bank, Depo An Mailing Address	malgamated Bank 1825 K St NW Washington CITY STATE	20006
Name of Bank, Depo	malgamated Bank 1825 K St NW Washington CITY STATE	20006
Name of Bank, Depo	malgamated Bank 1825 K St NW Washington CITY STATE	20006