

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**
Fairshake

ADDRESS (number and street) **2740 SW Martin Downs Blvd**
#51
 Check if different than previously reported. (ACC) **Palm City** **FL** **34990**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00835959** 3. IS THIS REPORT NEW (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 / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2024 through / / 2024

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 / / 2024

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Fairshake

Report Covering the Period: From: 06 / 01 / 2024 To: 06 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		66813859.26
(b) Cash on Hand at Beginning of Reporting Period.....	106996176.23	
(c) Total Receipts (from Line 19)	25061556.76	117220841.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	132057732.99	184034700.52
7. Total Disbursements (from Line 31).....	12160990.74	64137958.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119896742.25	119896742.25
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)	0.00	

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

Write or Type Committee Name

Fairshake

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2024 To: M M / D D / Y Y Y Y 06 / 30 / 2024

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).....	12500.00	91528245.00
(ii) Unitemized	1193.00	2749.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13693.00	91530994.99
(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)	13693.00	91530994.99
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).....	47863.76	689846.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25000000.00	25000000.00
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)).....▶	25061556.76	117220841.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25061556.76	117220841.26

DETAILED SUMMARY PAGE
of Disbursements

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	282967.74	27218816.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	282967.74	27218816.73
22. Transfers to Affiliated/Other Party Committees.....	9800000.00	24800000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2078023.00	12119141.54
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)) ..	12160990.74	64137958.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12160990.74	64137958.27

DETAILED SUMMARY PAGE
of Disbursements

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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)	13693.00	91530994.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13693.00	91530994.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	282967.74	27218816.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	47863.76	689846.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)	235103.98	26528970.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:	PAGE 6 OF 19
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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)
Fairshake

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Bennett, Sean, , ,

Mailing Address **88 Castenada Ave**

City San Francisco	State CA	Zip Code 94116-1476
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stronghold	Occupation (for Individual) CTO
-------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2024

Transaction ID : F598A2B2B1E34C698353

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Camp, Tammy, , ,

Mailing Address **88 Castenada Ave**

City San Francisco	State CA	Zip Code 94116-1476
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stronghold	Occupation (for Individual) CEO
-------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2024

Transaction ID : A846249E12404FA3AC0B

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Stube, Brian, , ,

Mailing Address **2005 Rhode Island Ave**

City McLean	State VA	Zip Code 22101-4920
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2024

Transaction ID : 691803726AE14B4893AD

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Fairshake

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thames, Branon, , ,

Mailing Address 11407 Carrollwood Dr

City Tampa	State FL	Zip Code 33618-3705
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Thames Marketing, Inc.	Occupation (for Individual) Sales
-------------------------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2024

Transaction ID : 821F82EFFBCC46FCAAD0

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

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).....	500.00
TOTAL This Period (last page this line number only).....	12500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fairshake

A. Targeted Platform Media

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

Mailing Address PO Box 237

City Crownsville	State MD	Zip Code 21032
---------------------	-------------	-------------------

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 ▼
678239.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2024

Transaction ID : F790DEA0AF4C4200B662

Amount of Each Receipt this Period
47863.76

Memo Item

Partial Refund of Media Buys

B.

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	47863.76
TOTAL This Period (last page this line number only).....▶	47863.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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 type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fairshake

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Coinbase Commerce (Exchange)

Mailing Address 248 3rd St Suite 434

City Oakland State CA Zip Code 94607-4375

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 ▼ 25000000.00

Date of Receipt: 06 / 03 / 2024
Transaction ID : A29772A492544D47927B

Amount of Each Receipt this Period: 25000000.00

Memo Item
25,000,000 USDC sold via Coinbase - purchaser unknown

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

Mailing Address 248 3rd Street #434

City Oakland State CA Zip Code 94607

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: 05 / 29 / 2024
Transaction ID : ABC2794FF57FD6177096

Amount of Each Receipt this Period: 5.00

Memo Item
5 USDC contribution previously disclosed (unitemized)

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

Mailing Address 248 3rd Street #434

City Oakland State CA Zip Code 94607

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: 05 / 30 / 2024
Transaction ID : V25A794FF57FD6177096

Amount of Each Receipt this Period: 24999995.00

Memo Item
24,999,995 USDC contribution previously disclosed

SUBTOTAL of Receipts This Page (optional).....▶ 25000000.00

TOTAL This Period (last page this line number only).....▶ 25000000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Fairshake

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A9347B4ADC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bison Strategies

Mailing Address 1874 SW St Andrews Dr

City
Palm City

State
FL

Zip Code
34990

Purpose of Disbursement

Compliance Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V08175BAD4:
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BV Strategies

Mailing Address 28 Baraud Road South

City
Scarsdale

State
NY

Zip Code
10583

Purpose of Disbursement

Media Relations Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VCF710B49C
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
Fairshake

Form A: Clarity Campaign Labs LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Polling), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/25/2024), FEC Identification Number, Transaction ID (V0697E708E2), Amount of Each Disbursement (12000.00).

Form B: Covington & Burling LLP. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Legal Fees), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/05/2024), FEC Identification Number, Transaction ID (VC45EDA021), Amount of Each Disbursement (2712.50).

Form C: Critical Mention. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Software), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/05/2024), FEC Identification Number, Transaction ID (V1098CC013), Amount of Each Disbursement (666.67).

SUBTOTAL of Disbursements This Page (optional) 15379.17
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)
Fairshake

A. Dockside Strategies

Full Name (Last, First, Middle Initial)

Mailing Address 8 The Green
Ste 14712

City Dover State DE Zip Code 19901

Purpose of Disbursement Strategic Consulting
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement 06 / 13 / 2024

FEC Identification Number C
Transaction ID : VF236509389
Amount of Each Disbursement this Period 25000.00

Memo Item

B. Gragert Research

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 410521

City Chicago State IL Zip Code 60641

Purpose of Disbursement Research
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement 06 / 27 / 2024

FEC Identification Number C
Transaction ID : V749D241EC
Amount of Each Disbursement this Period 34500.00

Memo Item

C. Impact Research

Full Name (Last, First, Middle Initial)

Mailing Address 260 Commerce Street
Fourth Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement Polling
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement 06 / 05 / 2024

FEC Identification Number C
Transaction ID : VE8B670E8A
Amount of Each Disbursement this Period 36100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 95600.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Fairshake

Full Name (Last, First, Middle Initial)

A. Jamestown Associates

Mailing Address 421 Chestnut Street

City Philadelphia

State PA

Zip Code 19106

Purpose of Disbursement

Strategy Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V07475DC10

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Narrator

Mailing Address 41 Horseshoe Lane

City Lemont

State IL

Zip Code 60439

Purpose of Disbursement

Strategy Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V4B661766E0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Reger Research

Mailing Address 30 Sussex Drive

City Lewes

State DE

Zip Code 19958

Purpose of Disbursement

Research

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V87B85F1D2

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Fairshake

Full Name (Last, First, Middle Initial)

A. Schoen Survey Research

Mailing Address 350 S Collier Blvd
Suite 308

City
Marco Island

State
FL

Zip Code
34145

Purpose of Disbursement

Polling

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V275BEA2DF
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San Francisco

State
CA

Zip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VDC1D474C4
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San Francisco

State
CA

Zip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V684AABB6t
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Fairshake

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 354 Oyster Point Blvd South

City San Francisco State CA Zip Code 94080

Purpose of Disbursement
Credit Card Processing Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2024

FEC Identification Number

C
Transaction ID : VFE6ABD9A
Amount of Each Disbursement this Period
6.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 354 Oyster Point Blvd South

City San Francisco State CA Zip Code 94080

Purpose of Disbursement
Credit Card Processing Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2024

FEC Identification Number

C
Transaction ID : VE4E926686C
Amount of Each Disbursement this Period
708.90

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 354 Oyster Point Blvd South

City San Francisco State CA Zip Code 94080

Purpose of Disbursement
Credit Card Processing Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2024

FEC Identification Number

C
Transaction ID : V0F43532F9
Amount of Each Disbursement this Period
3.25

Memo Item

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

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

718.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Fairshake

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 354 Oyster Point Blvd South

City San Francisco State CA Zip Code 94080

Purpose of Disbursement
Credit Card Processing Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2024

FEC Identification Number

C

Transaction ID : V5CC410EF9
Amount of Each Disbursement this Period

9.15

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 354 Oyster Point Blvd South

City San Francisco State CA Zip Code 94080

Purpose of Disbursement
Credit Card Processing Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2024

FEC Identification Number

C

Transaction ID : VC0724578AC
Amount of Each Disbursement this Period

0.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 354 Oyster Point Blvd South

City San Francisco State CA Zip Code 94080

Purpose of Disbursement
Credit Card Processing Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2024

FEC Identification Number

C

Transaction ID : V97DE84414
Amount of Each Disbursement this Period

40.28

Memo Item

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

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

50.32

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)
Fairshake

A. Stripe

Full Name (Last, First, Middle Initial)

Mailing Address 354 Oyster Point Blvd South

City San Francisco State CA Zip Code 94080

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2024

FEC Identification Number: C

Transaction ID : VDC90B9AFF

Amount of Each Disbursement this Period: 22.47

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22.47

TOTAL This Period (last page this line number only)..... ▶ 282892.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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)
Fairshake

A. Defend American Jobs

Full Name (Last, First, Middle Initial)

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Transfer 008 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2024

FEC Identification Number: C
Transaction ID : 8F081BCD8A
Amount of Each Disbursement this Period: 4900000.00

Memo Item

B. Protect Progress

Full Name (Last, First, Middle Initial)

Mailing Address 2740 SW Martin Downs Blvd
#51

City Palm City State FL Zip Code 34990

Purpose of Disbursement
Transfer 008 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2024

FEC Identification Number: C
Transaction ID : 52583BFCAB
Amount of Each Disbursement this Period: 4900000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9800000.00

TOTAL This Period (last page this line number only)..... ▶ 9800000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure IE-Bowman-Media Buy
Name of Federal Candidate: Bowman, Jamaal, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 2078023.00

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Bowman-Media Production
Name of Federal Candidate: Bowman, Jamaal, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 2078023.00

(a) SUBTOTAL of Itemized Independent Expenditures 2078023.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 2078023.00

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 07 / 17 / 2024