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) over the lines. is changed) Great Chain PAC PO BOX 2113 ADDRESS (number and street) (Check if address is changed) KINGSTON 12402 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address contact@beecompliance.co is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00832576 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 Brown, Wyatt,, 04 23 2024 Signature of Treasurer Brown, Wyatt,,, Date 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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EC Form 1	(Revised 03/2022)	Page 2
TYPE O	F COMMITTEE:	
Candid	ate 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 information below.)	the candidate
Name Candid		
Candid Party /	date Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate	
Party C	Committee:	
(d)	This committee is a (National, State (Democra	atic, an, etc.) Party
Politica	Il Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coop	erative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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	PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	undraising 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.	o 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.	o or more political
Comi	mittees Participating in Joint Fundraiser	
1.	C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	rite or Type Committee Name	<u> </u>	
	Great Chain PAC		
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Ryan, Patrick, , ,		
	Mailing Address	PO BOX 2113	
			<u> </u>
		KINGSTON	12402
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	e X Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in	possession of committee
	Brown, Wya	att	
	Full Name		
	Mailing Address	PO BOX 2113	
		KINGSTON	12402
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	2 - 548 - 0880
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	nd the name and address of
	Full Name Brown, Wy	att, , ,	
	of Treasurer	DO DOV 2442	
	Mailing Address	PO BOX 2113	
		KINGSTON	12402
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		2

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Full Name of Designated	,			<u> </u>
Agent				
Mailing Addres	s			
Title or Position	n ▼	CITY A	STATE ▲	ZIP CODE ▲
			Telephone number	
Banks or Oth safety deposit	er Depositories: List all banks or oth boxes or maintains funds.	ner depositories in wh	ich the committee deposits for	unds, holds accounts, rents
Name of Bank	Depository, etc.			
	Amalgamated Bank			
Mailing Addres	1825 K ST NW			
	1,,,,,,,			1
	WASHINGTON		DC	20006
		CITY A	STATE ▲	ZIP CODE ▲
Name of Bank	Depository, etc.			
Mailing Addres	S			
		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , PAT RYAN VICTOR	d Organization, Affiliated Committee, Joint Funday Y FUND	draising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 2113		
	KINGSTON	NY	12402
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership TAO O
		III Tundraising Hopicsonia	Leadership PAC Sp
esignated Agent: Identi			Leadership TAO O
esignated Agent: Identi		In Fundaising Hopicsonia	
esignated Agent: Identi		Tundraising Hopicsonia	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1		g Participant:					
1				FEC II	number	C	
2. 🔟				FEC II	number	С	
3. 🔟				FEC II	number	C	
4. 🖳				FEC II	number	С	
Name of	Any Connected	Organization, Affili	ated Committee, Joint	Fundraising Rep	presentative	e, or Leadership	o PAC Spons
DELUZ	ZIO RYAN						
Mail	ing Address	122 C ST NW					
		STE 360					
		WASHINGTON			DC	20001	
					OTATE 4	7IF	CODE A
			CITY ▲ Affiliated Committee (phone number – option	Joint Fundraising	STATE A		
	Connected ed Agent: Identify		Affiliated Committee X				
esignate	Connected ed Agent: Identify		Affiliated Committee X				
esignate	Connected ed Agent: Identify		Affiliated Committee X				ership PAC Spo
esignate Full N	Connected ed Agent: Identify		Affiliated Committee X				
esignate Full N Mailine	Connected ed Agent: Identify	by name, address	Affiliated Committee X	nal)		Leade	