

**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
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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y 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 Y

in the
State of

5. Covering Period

M M M /

05

D D D /

01

Y Y Y Y Y Y Y

2024

through

M M M /

05

D D D /

31

Y Y Y Y Y Y Y

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

M M M /

06

D D D /

20

Y Y Y Y Y Y Y

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.

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

Fairshake

Report Covering the Period:

From:

MM / DD / YYYY
05 / 01 / 2024

To:

MM / DD / YYYY
05 / 31 / 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.....	52221750.62	
(c) Total Receipts (from Line 19)	85009317.00	92159284.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	137231067.62	158973143.76
7. Total Disbursements (from Line 31)	30234891.39	51976967.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106996176.23	106996176.23
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Fairshake

Report Covering the Period:

From:

M M / D D / Y Y Y Y
05 01 2024

To:

M M / D D / Y Y Y Y
05 31 2024

I. Receipts

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

85008745.00

91515745.00

(ii) Unitemized

572.00

1556.99

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

85009317.00

91517301.99

(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)

85009317.00

91517301.99

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).....

0.00

641982.51

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))

85009317.00

92159284.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

85009317.00

92159284.50

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	25234891.39	26935848.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25234891.39	26935848.99
22. Transfers to Affiliated/Other Party Committees.....	5000000.00	15000000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	10041118.54
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)) ..	30234891.39	51976967.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30234891.39	51976967.53

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)	85009317.00	91517301.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85009317.00	91517301.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25234891.39	26935848.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	641982.51
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25234891.39	26293866.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 18
(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)

Fairshake

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

A. AH Capital ManagementMailing Address 2865 Sand Hill Rd
Suite 101City
Menlo ParkState
CAZip Code
94025-7022FEC 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

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2024

Transaction ID : A4E08ACFBE284AE29245

Amount of Each Receipt this Period

25000000.00

☐ Memo Item

See Attribution Below

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

B. Andreessen, Marc, , ,Mailing Address 2865 Sand Hill Rd
Suite 101City
Menlo ParkState
CAZip Code
94025-7022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AH Capital Management

Occupation (for Individual)

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2024

Transaction ID : 8E52EBDD6E493B25C5

Amount of Each Receipt this Period

12500000.00

☒ Memo Item

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

C. Horowitz, Ben, , ,Mailing Address 2865 Sand Hill Rd
Suite 101City
Menlo ParkState
CAZip Code
94025-7022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AH Capital Management

Occupation (for Individual)

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2024

Transaction ID : 09EC6778FC256D7C6C1

Amount of Each Receipt this Period

12500000.00

☒ Memo Item

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

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

25000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 18
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fairshake

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

A. Box, Bernay, , ,

Mailing Address 201 McKinney Ave

City
DallasState
TXZip Code
75201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bonanza Capital, LtdOccupation (for Individual)
Investor

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
05 / 21 / 2024

Transaction ID : 7F2DD5A60AE04B9893AF

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. CoinbaseMailing Address 248 3rd St
Suite 434City
OaklandState
CAZip Code
94607-4375FEC 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

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2024

Transaction ID : C3CD323F2D5A45ACAD46

Amount of Each Receipt this Period

24999995.00

☐ Memo Item

24,999,995 USDC received, not liquidated

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

C. Dudas, Mike, , ,

Mailing Address 237 Greens Farms Rd

City
WestportState
CTZip Code
06880-6224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
6th Man VenturesOccupation (for Individual)
Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2024

Transaction ID : 6F216CB4C64B420B9D69

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

25003495.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 18
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fairshake

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

A. Jump CryptoMailing Address 600 W Chicago Ave
Suite 600City
ChicagoState
ILZip Code
60654-2284FEC 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 ▼

10000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2024

Transaction ID : 15ACE96189DA44B0910A

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

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

B. Lee, Justin, , ,

Mailing Address 171 7th Ave

City
New YorkState
NYZip Code
10001-5012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CoinbaseOccupation (for Individual)
Coinbase Ventures

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2024

Transaction ID : 23E706563D7B4E3DAFBE

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. 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 ▼

25000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2024

Transaction ID : 9AA66F6FEDCE4D2F92AC

Amount of Each Receipt this Period

25000000.00

☐ Memo Item

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

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

35000250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 18
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fairshake

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

A. Walsh, Matthew, , ,

Mailing Address 350 Lincoln St

City
HinghamState
MAZip Code
02043-1579FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Castle Island VenturesOccupation (for Individual)
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2024

Transaction ID : FB51085C65A749209E83

Amount of Each Receipt this Period

5000.00

☐ 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)..... ►

5000.00

85008745.00

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : FA14FBF174I

Amount of Each Disbursement this Period

3.50

☐ 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:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : V972427A51F

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BV Strategies

Mailing Address 28 Baraud Road South

City
ScarsdaleState
NYZip Code
10583

Purpose of Disbursement

Media Relations Consulting

Candidate Name

001

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	2	4	

FEC Identification Number

C

Transaction ID : VD864DED1I

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11503.50

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)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Fairshake

Full Name (Last, First, Middle Initial)

A. BV Strategies

Mailing Address 28 Baraud Road South

City
ScarsdaleState
NYZip Code
10583

Purpose of Disbursement

Media Relations Consulting

Candidate Name

001

Category/
Type

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
0	5			1	7			2	0	2	4		

FEC Identification Number

C

Transaction ID : V181D658A9!

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CoinbaseMailing Address 248 3rd Street
#434City
OaklandState
CAZip Code
94607

Purpose of Disbursement

24,999,995 USDC received, not liquidated

Candidate Name

001

Category/
Type

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
0	5			3	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : V29A794FF57

Amount of Each Disbursement this Period

24999995.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Covington & Burling LLP

Mailing Address 850 10th St NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Legal Fees

Candidate Name

001

Category/
Type

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
0	5			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : V563B10500;

Amount of Each Disbursement this Period

2460.50

☐ Memo Item

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

25004955.50

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)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Fairshake

Full Name (Last, First, Middle Initial)

A. Critical MentionMailing Address 19 West 44th St
Suite 300City
New YorkState
NYZip Code
10036

Purpose of Disbursement

Software

Candidate Name

001

Category/
Type

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
0	5			0	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : V7A988C5AB

Amount of Each Disbursement this Period

666.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dockside StrategiesMailing Address 8 The Green
Ste 14712City
DoverState
DEZip Code
19901

Purpose of Disbursement

Strategic Consulting

Candidate Name

001

Category/
Type

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
0	5			0	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : VDA991AEE8

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jamestown Associates

Mailing Address 421 Chestnut Street

City
PhiladelphiaState
PAZip Code
19106

Purpose of Disbursement

Strategy Consulting

Candidate Name

001

Category/
Type

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
0	5			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : V8ABB7C60t

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

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

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

30666.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Fairshake

Full Name (Last, First, Middle Initial)

A. Narrator

Mailing Address 41 Horseshoe Lane

City
LemontState
ILZip Code
60439

Purpose of Disbursement

Strategy Consulting

Candidate Name

001

Category/
Type

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
0	5			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : VC020B452C

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schoen Survey ResearchMailing Address 350 S Collier Blvd
Suite 308City
Marco IslandState
FLZip Code
34145

Purpose of Disbursement

Polling

Candidate Name

001

Category/
Type

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
0	5			1	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : VB6C34CE26

Amount of Each Disbursement this Period

150000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schoen Survey ResearchMailing Address 350 S Collier Blvd
Suite 308City
Marco IslandState
FLZip Code
34145

Purpose of Disbursement

Polling

Candidate Name

001

Category/
Type

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
0	5			2	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : V3DC7BAB6

Amount of Each Disbursement this Period

35000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

187500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			0	7			2	0	2	4		

FEC Identification Number

C

Transaction ID : V919E105D14

Amount of Each Disbursement this Period

1.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			0	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : V477CFE7775

Amount of Each Disbursement this Period

1.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			1	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : V8D5464C0C

Amount of Each Disbursement this Period

0.89

☐ Memo Item

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

3.86

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:
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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5		2	0	2	4		

FEC Identification Number

C

Transaction ID : V80C9E6359C

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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1		2	0	2	4		

FEC Identification Number

C

Transaction ID : V0B70710DDI

Amount of Each Disbursement this Period

59.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : V477CE6EB5

Amount of Each Disbursement this Period

1.54

☐ Memo Item

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

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

6	7	.	0	4
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			2	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : V2942D667E

Amount of Each Disbursement this Period

1.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			2	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : V5C48BC4F5

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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : V5A8F3D81C

Amount of Each Disbursement this Period

7.74

☐ Memo Item

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

10.41

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			3	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : V87E9489A1f

Amount of Each Disbursement this Period

155.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			3	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : V6B024F934E

Amount of Each Disbursement this Period

6.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 354 Oyster Point Blvd South

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

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
0	5			3	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : V8B3F360A0

Amount of Each Disbursement this Period

17.13

☐ Memo Item

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

179.41

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

25234886.39

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

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Fairshake

Full Name (Last, First, Middle Initial)

A. Defend American JobsMailing Address 228 S Washington St
Suite 115City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Transfer

Candidate Name

008

Category/
Type

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
0	5			0	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : 2639F8C2DC

Amount of Each Disbursement this Period

5000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000000.00

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

5000000.00