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08/02/2023 22 : 08

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Of	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
BLUE PA PAC				
	13915 Union Deposit Road			
ADDRESS (number and street)				
<ul><li>(Check if address is changed)</li></ul>				
	Harrisburg └────────────────────────────────────		LPA STATE ▲	09  ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	brandon@bisonstrategies.net	t 		
	Optional Second E-Mail Addre	ess		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
2. DATE 08 / D	02 / Y Y Y Y 2023			
3. FEC IDENTIFICATION N	NUMBER ► C COO	824656		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best o	f my knowledge and belief it i	s true, correct and	complete.
Type or Print Name of Treasur	rer Philipczyk, Brandon, , ,			
Signature of Treasurer Phi	lipczyk, Brandon, , ,		Date 08	02 / Y Y Y Y 02 2023
NOTE: Submission of false, erro	neous, or incomplete information m ANY CHANGE IN INFORMATION	ay subject the person signing th ON SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	EC Form 1 (Revised 03/2022)	Page <b>2</b>								
5.	TYPE OF COMMITTEE:									
	Candidate 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 c information below.)	andidate								
	Name of Candidate									
	Candidate Office Sought: House Senate President	State District								
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.									
	Name of Candidate									
	Party Committee:									
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.	c.) Party								
	Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	organization is a:								
	Corporation Corporation w/o Capital Stock Labor Orga	inization								
	Membership Organization Trade Association Cooperative	e								
	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 fu committee. (i.e., nonconnected committee)	und 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) 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.									

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser

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۷	Vrite or Type Committee Name	
	BLUE PA PAC	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponso
	NONE	

Relationship: Connected	Orgar	nizat	ion		A	ffilia	ated	Or	gar	niza	atio	n	E	J	oint	Fu	ndra	aisi	ng	Rep	ores	sen	tativ	/e		Lea	ade	rship	PA o	AC S	Spor	sor
							(	CIT	Y										ŝ	STA	ΤE					Z	IP (	COE	DE .			
Mailing Address																																

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Philipczyk,	Brandon, , ,
Full Name	
Mailing Address	3915 Union Deposit Road
	#1002
	Harrisburg     PA     17109       Image: Im
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number     651     -     769     -     3196

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Philipczyk, Brandon, , ,
Mailing Address	3915 Union Deposit Road
	#1002
	Harrisburg     PA     17109       Image: the second secon
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	/20	09)	)																		Pag	je 4	4	
Full Name of Designated Agent	<u> </u>		1						 								1				1			1
Mailing Address																								
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						CI	ΤY							ę	STA	ΑΤΕ			Z	IP (	col	DE		
Title or Position ▼																								
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address	1825 K Street NW		
	Washington		06
		STATE A	ZIP CODE
Name of Bank, [			
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE