Only

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STATEMENT OF **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. Resist Reclaim Rebuild PAC 1331 Florida Ave NW ADDRESS (number and street) (Check if address is changed) Washington DC 20009 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jason@fhstrategies.org (Check if address is changed) Optional Second E-Mail Address declan@fhstrategies.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 08 2023 C00760736 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. Fishkin, Jason, , , Type or Print Name of Treasurer Fishkin, Jason, , , [Electronically Filed] 03 02 2023 Signature of Treasurer 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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TYPE OF COMMITTEE:						
Candidate Committee:	idate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)	committee. (Complete the candidate					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate	State President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorize	d committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected 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 NO committee. (i.e., nonconnected committee)	T a separate segregated 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	ion accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
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.						
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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٧	Vrite or Type Committee Name					
	Resist Reclaim					
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundra	aising Repres	sentative, or Leader	ship PAC Sponsor	
	Mailing Address					
		CITY ▲	S	STATE A	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Join	nt Fundraising I	Representative	Leadership PAC Sponsor	
	_			_		
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optional) ar	nd position of	the person in possess	sion of committee	
	Fishkin, Ja	son, , ,				
	Full Name					
	Mailing Address	1331 Florida Ave NW				
		Washington		DC 20009		
		CITY ▲	S	STATE A	ZIP CODE ▲	
	Title or Position ▼					
	Treasurer		ephone numb	er 206 – L	682 - 7328	
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the trea assistant treasurer).	surer of the c	committee; and the n	ame and address of	
	Full Name Fishkin, Ja	son, , ,				
	of Treasurer					
	Mailing Address	1331 Florida Ave NW				
		Washington		DC 20009		
		CITY ▲	S	STATE A	ZIP CODE ▲	
	Title or Position ▼					
	Treasurer	Tel	ephone numb	er	682 - 7328	

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Full Name of Designated Agent				
Mailing Address				
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲		
Title or Position •		·		
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents		
Name of Bank, D	pepository, etc.			
	Huntington Bank			
Mailing Address	Cleveland OH 4410	06 - -		
	CITY ▲ STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.				
	Amalgamated Bank			
Mailing Address	1825 K St NW			
	Washington DC 2000	06		
	CITY ▲ STATE ▲	ZIP CODE ▲		