**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) is changed) over the lines. Brian Fitzpatrick for All of Us PO Box 939 ADDRESS (number and street) (Check if address is changed) Langhorne 19047 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00607416 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 Maye, Elaine,, Date 06 28 2024 Signature of Treasurer Maye, Elaine, , , 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Comple information below.)	te the candidate
Name of Candidate Fitzpatrick, Brian, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State PA District 01
(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 Republ	cratic, lican, etc.) 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.	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Cod	pperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 (Hybr	id 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 to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		
	Brian Fitzpatrick	for All of Us	
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Repres	sentative, or Leadership PAC Sponsor
	Team Fitz		
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824
		CITY ▲	STATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	Representative Leadership PAC Sponse
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of	the person in possession of committee
	CFS, Com	pliance, , ,	
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824
		CITY ▲	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Record Keeper	Telephone numb	ber 301 - 654 - 3220
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the cassistant treasurer).	committee; and the name and address of
	Full Name Maye, Ela of Treasurer	ine, , ,	
	Mailing Address	104 Tulip Road	
		Southampton	PA 18966
	Title or Position -	CITY ▲	STATE ▲ ZIP CODE ▲
	Title or Position ▼    Treasurer		ber   215  -   750  -   0110

Full Name of Designated Agent  Mailing Address	
Mailing Address	
CITY ▲ STATE ▲ ZIP COD	DE ▲
Title or Position ▼	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.	s, rents
Name of Bank, Depository, etc.	
Wells Fargo Bank	
Mailing Address   7901 Wisconsin Avenue   17901 Wisconsin Avenue   1790	
Bethesda MD 20814 -	
CITY ▲ STATE ▲ ZIP COD	E▲
Name of Bank, Depository, etc.	
Fulton Bank	
Mailing Address One Penn Square	
Lancaster PA 17602 -	
CITY ▲ STATE ▲ ZIP COD	E 🛦

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

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1.			
		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	re, or Leadership PAC Spons
PROTECT THE HOL	ISE 2024		
Mailing Address	PO BOX 30844		
	BETHESDA	ı ı MD ı	20824
Relationship:	CITY A	STATE A	ZIP CODE ▲
i iciationarip.	CITT A	SIAIE	ZIF CODE A
Connected	d Organization Affiliated Committee X Joint  by by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connected		Fundraising Represent	Leadership PAC Spo
Connected  Connected  Connected  Connected  Connected		Fundraising Represent	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name		Fundraising Represent	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name		Fundraising Represent	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		

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

Page \_\_\_\_ **of** 9\_\_\_\_

(h). <b>Joint Fundrais</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponso
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		pint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		pint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		pint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident	fy by name, address (phone number – optional)		
Designated Agent: Ident	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Spo
Designated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or necessarily and the safety deposit	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or not be boxes or not be boxes. Chain Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in white paintains funds.  Bridge Bank	STATE A Telephone Number	ZIP CODE A

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

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1.			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Spons
AMERICAN BATTL	EGROUND FUND		
	DO DOV 00044		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
			71D 00DE 4
	ted Organization	STATE  Joint Fundraising Representation  al)	
Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	al)	Leadership PAC Spo

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
GROW THE MAJOR	:ITY 		
Mailing Address	228 S Washington St		
	Ste 115		
D. John J. H.	Alexandria	VA	22314
	CITV A	STATE ▲	ZIP CODE ▲
	CITY ▲  d Organization	Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee X Joint by by name, address (phone number – optional)		
Connecte esignated Agent: Identif	Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Joint by by name, address (phone number – optional)  CITY		
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mane of Bank,	Affiliated Committee	STATE A elephone Number	ZIP CODE A
connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee	STATE A elephone Number	ZIP CODE A

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

Dogo	of <sup>9</sup>	
Page	OT ~	

h). <b>Joint Fundraisi</b>	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , SCOTT FRANKLIN	Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. BOX 2811		
	LAKELAND	FL	33806
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Jofy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains 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, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A