PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TORWI 3X	For Other Than An	Authorized Committ	ee	Office Us	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type 12	PFE4M5	
Fairshake					
ADDRESS (number and street) Check if different	2740 SW Martin Dow #51	ns Blvd			
than previously reported. (ACC)	Palm City		FL L	34990	
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	STAT	EA	ZIP CODE ▲
C C00835959			NEW N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Mar 20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) X Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31	Q2) PRE-Electing Report for Q3)	Primary (12Fonter) Convention	2) 12C)	General (12G) Special (12S)	Runoff (12R)
Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Repor (TER)	on (d) 30-Day POST-Elect Report for	the:		Runoff (30R)	State of Special (30S) in the
5. Covering Period	M / D D / Y	Election on 2024 through	M M / 09	30 / Y Y 202	State of
I certify that I have examined t Type or Print Name of Treasur	Philinczyk Brandon		belief it is true, co	prrect and complet	ie.
Signature of Treasurer Phi	lipczyk, Brandon, , ,		Date	10 / 20	2024
NOTE: Submission of false, error	neous, or incomplete info	rmation may subject the per	son signing this Re	eport to the penaltic	es of 52 U.S.C. § 30109
Office Use					FORM 3X ev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Fairshake 2024 09 30 2024 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 66813859.26 January 1. 2024 (b) Cash on Hand at 70547147.01 Beginning of Reporting Period..... 1097599.20 118351225.46 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 71644746.21 185165084.72 6(a) and 6(c) for Column B)..... 142353999.73 28833661.22 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 42811084.99 42811084.99 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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 01 09 2024 30 2024 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 801000.00 92361145.00 (i) Itemized (use Schedule A)..... 3661.19 26.20 (ii) Unitemized (iii) TOTAL (add

(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	801026.20	92364806.19
(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)	801026.20	92364806.19
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	689846.27
to Federal Candidates and Other Political Committees	296573.00	296573.00
Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	25000000.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00

118351225.46

- 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 1097599.20
- 20. Total Federal Receipts
 (subtract Line 18(c) from Line 19).......▶

 1097599.20

 118351225.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(i) Federal Share	0.00	0.00	
(") New Federal Observ	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	347811.61	28141764.10	
(c) Total Operating Expenditures		0044470446	
(add 21(a)(i), (a)(ii), and (b))	347811.61	28141764.10	
Committees	20000000.00	83800000.00	
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures			
(use Schedule E)	8485849.61	30412235.63	
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	0.00	
(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	
Other Disbursements (Including			
Non-Federal Donations)	0.00	0.00	
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))		
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add		4 4	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28833661.22	142353999.73	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	28833661.22	142353999.73	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 801026.20 92364806.19 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 92364806.19 801026.20 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 347811.61 28141764.10 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 689846.27 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 347811.61 27451917.83 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

21

13 14 15 16 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 Consensys Software Inc. Date of Receipt Mailing Address 5049 Edwards Ranch Rd 06 2024 City Zip Code State Transaction ID: 5CF810A4EA1D4910B564 Ft Worth TX 76109-4213 Amount of Each Receipt this Period FEC ID number of contributing C 800000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 800000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yoo, Derek, , , Date of Receipt Mailing Address 94 Reed St 09 29 2024 City State Zip Code Transaction ID: 4AD3CE0AD2C247A0A64F Lexington MA 02421-4220 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Moonsong Labs Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 801000.00 SUBTOTAL of Receipts This Page (optional)..... 801000.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 21				
TEMIZED RECEIPTS	for each category of the	(check only one)				
	Detailed Summary Page	13 14 15 X 16 17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)	fame and address of any political committee	to solicit contributions from such committee.				
Fairshake						
/	all on Full Oppositation Name					
Full Name of Individual (Last, First, Middle Initial Schoen Survey Research	ai) or Full Organization Name	Date of Receipt				
Mailing Address 350 S Collier Blvd		M = M / D = D / Y = Y = Y				
Suite 308	State Zip Code	09 26 2024				
Marco Island	State Zip Code FL 34145	Transaction ID: 9328ABB506114D6FDB7 Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	59500.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
		Refund of 9/17/24 Payment				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	59500.00					
		1				
Full Name of Individual (Last, First, Middle Initia 3. Targeted Platform Media	al) or Full Organization Name	Date of Receipt				
Mailing Address PO Box 237		M M / D D / Y Y Y Y				
011		09 26 2024				
City Crownsville	State Zip Code MD 21032	Transaction ID: 2DFDB5C40EA887623F4 Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	237073.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
	, , ,	Refund of 9/26/2024 Payment				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	915312.22					
	4 4					
Full Name of Individual (Last, First, Middle Initia	al) or Full Organization Name	Date of Receipt				
Mailing Address		M M / D D / Y Y Y Y				
-		_				
City	State Zip Code	Amount of Fook Possint this Poving				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
	, , ,					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)						
	7- 4- 4-					
SUBTOTAL of Receipts This Page (optional)		296573.00				
CODICIAL OF HECEIPIS THIS Fage (Optional)						
TOTAL This Period (last page this line number or	nly)	296573.00				

SCHEDULE B (FEC Form 3X)	lles com	woto och adul - (-)				PAGE 8 OF 21	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only] oo	00	
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And information and distance and December and Other							
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NAME OF COMMITTEE (In Full)							
Fairshake							
Full Name (Last, First, Middle Initial)							
Amalgamated Bank					sbursemen	/	
Mailing Address 1825 K Street, NW				09	26	2024	
City Washington	State DC	Zip Code 20006		FEC Identi	fication Nu	ımber	
Purpose of Disbursement		2000		С			
Bank Fee			001		notion ID :	29F22E01D80	
Candidate Name			Category/			oursement this Period	
			Type			142.50	
Office Sought: House Disbursen Senate	nent For: Primary	General				142.30	
President							
State: District:							
Full Name (Last, First, Middle Initial) B. Diagra Chaptaging				Date of Di	sbursemen	t .	
Bison Strategies				M M /	D D	/	
Mailing Address 1874 SW St Andrews Dr				09	09	2024	
City	State	Zip Code		FEC Identi	fication Nu	ımher	
Palm City	FL	34990			ilication ivu	iiiibei	
Purpose of Disbursement			001	Transaction ID : V5B3C23DF3			
Compliance Consulting Candidate Name							
			Category/ Type	Amount of	Each Dist	oursement this Period	
Office Sought: House Disbursen	nent For:		. 7 -			9000.00	
	Primary	General				7-1-1-1-1	
President State: District:	Other (spec	cify)		Memo	Item		
Full Name (Last, First, Middle Initial)							
C. BV Strategies				Date of Di	sbursemen	t	
Mailing Address 28 Baraud Road South				09	05	2024	
City	State	Zip Code					
Scarsdale	NY	10583		FEC Identi	fication Nu	ımber	
Purpose of Disbursement				C			
Media Relations Consulting			001		action ID :	V1049FD7E2	
Candidate Name			Category/	Amount of	Each Dish	oursement this Period	
Office Sought: House Disbursen	nent For:		Type			2500.00	
	Primary	General				7 1 4	
	Other (spec	cify) 🔻		Memo	Item		
State: District:				L WIETIIO			
SUBTOTAL of Disbursements This Page (optional)						11642.50	
COSTOTAL OF DISDUISEMENTS THIS Fage (Optional)					7	7 1 7	
TOTAL This Period (last page this line number only).				1			

SCHEDULE B (FEC Form 3X)	He -	make asked to ()				PAGE 9 OF 21	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only				
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NAME OF COMMITTEE (In Full)							
Fairshake							
Full Name (Last, First, Middle Initial)				D	la cons		
A. Critical Mention				Date of Dis	D D /	Y Y Y Y	
Mailing Address 19 West 44th St Suite 300				09	05	2024	
City New York	State NY	Zip Code 10036		FEC Identif	ication Num	ber	
Purpose of Disbursement	INI	10036					
Software			001	C			
Candidate Name						2A6A54BD5 rsement this Period	
			Category/ Type	AITIOUTIL OT	Lacii Disbul	sement this Period	
Office Sought: House Disbursen	nent For:					666.67	
	Primary	General				7	
President State: District:	Other (spec	cify) ▼		Memo	Item		
Full Name (Last, First, Middle Initial) B. Daglacida Chrotonica				Date of Dis	hursement		
Dockside Strategies				M M /	D D /	Y Y Y Y	
Mailing Address 8 The Green Ste 14712					05	2024	
,	State	Zip Code		FEC Identif	ication Num	ber	
Dover Purpose of Disbursement	DE	19901					
Strategic Consulting			001	C			
Candidate Name			Category/	Transaction ID: VB6C3DD3D8 Amount of Each Disbursement this Pe			
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	Other (spec						
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Full Name (Last, First, Middle Initial)							
C. Gragert Research				Date of Dis	bursement	Y Y Y Y	
Mailing Address PO Box 410521				09	18	2024	
City	State	Zip Code		FEC Identif	ication Num	her	
Chicago	IL	60641			oanon Null	DOI	
Purpose of Disbursement			004	C			
Research			001			32492CFAA	
Candidate Name			Category/ Type	Amount of	Each Disbu	rsement this Period	
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President	Other (spec			Memo	ltom		
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SCHEDULE B (FEC Form 3X)	lles :::	arata ach a deil a (a)				PAGE 10 OF 21	
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NAME OF COMMITTEE (In Full)							
Fairshake							
Full Name (Last, First, Middle Initial)				D-7 15			
A. Jamestown Associates					isburseme		
Mailing Address 421 Chestnut Street				09	05	2024	
City	State	Zip Code		FFC Iden	tification N	umher	
Philadelphia	PA	19106			anoation 14	umber	
Purpose of Disbursement			001	C			
Strategy Consulting Candidate Name						: V2C81441DC	
Canada Harro			Category/ Type	Amount o	t Each Dis	bursement this Period	
Office Sought: House Disbursen	nent For:		. , , , ,			5000.00	
	Primary	General			7	7 7	
	Other (spec	cify) ▼		Memo	Item		
State: District:							
Full Name (Last, First, Middle Initial)				D			
B. Narrator					isburseme		
Mailing Address 41 Horseshoe Lane				M M M	12	2024	
Mailing Address 411101Sestice Latte				00	,12	2021	
,	State	Zip Code		FFC Iden	tification N	umber	
Lemont Dishuran mark	IL	60439			oallon N		
Purpose of Disbursement			001	Transaction ID : VB52B005644			
Strategy Consulting Candidate Name							
			Category/ Type	Amount o	ı ⊨acn Dis	bursement this Period	
Office Sought: House Disbursen	nent For:		71: -			2500.00	
Senate	Primary	General			7	45.	
	Other (spec	cify)		Memo	Item		
State: District:				Ц			
Full Name (Last, First, Middle Initial)				Doto of D	ioburos	nt	
^{C.} Schoen Survey Research					isburseme		
Mailing Address 350 S Collier Blvd				09	17	2024	
Suite 308							
,	State	Zip Code		FEC Iden	tification N	umber	
Marco Island Purpose of Disbursement	FL	34145					
Polling			001				
Candidate Name						: V49F24B833I bursement this Period	
			Category/ Type	Amount 0	. Lacii Dis	Sarsomont this Fellou	
Office Sought: House Disbursen	nent For:				45	59500.00	
	Primary	General				,	
	Other (spec	cify) 🔻		Memo	Item		
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CURTOTAL of Dishumananta This Days (anti-						67000.00	
SUBTOTAL of Disbursements This Page (optional)			·····•	-	7	4	
TOTAL This Period (last page this line number only).							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	FOR LINE (check only 21b	one) 22 23 26 27
			28a	28b 28c 29 30b
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NAME OF COMMITTEE (In Full)		, pomou		2.2. 2 22 35
Fairshake				
Full Name (Last, First, Middle Initial)				Data of Diabura
^{A.} Squarespace				Date of Disbursement
Mailing Address 225 Varick Street				09 23 2024
City	State	Zip Code		FEC Identification Number
New York	NY	10014		
Purpose of Disbursement			001	C
Web Hosting Candidate Name				Transaction ID: V5DD13001D
Sandidate Harrie			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:		.,,,,	276.00
Senate	Primary	General		4 4 4
President	Other (spec	cify) 🔻		Memo Item
State: District:				<u> </u>
Full Name (Last, First, Middle Initial)				Data of Bishan
^{3.} Stripe				Date of Disbursement
Mailing Address 354 Oyster Point Blvd South				09 12 2024
g are are of a dystor round block bound				
City	State	Zip Code		FEC Identification Number
San Francisco	CA	94080		
Purpose of Disbursement			001	C
Credit Card Processing Fee Candidate Name				Transaction ID : V184B5A29C0
Sandado Hamo			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:		. , po	1.25
Senate	Primary	General		7 7 7
President	Other (spec	cify)		Memo Item
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				
Stripe				Date of Disbursement
Mailing Address 354 Oyster Point Blvd South				09 20 2024
Mailing Address 334 Cystel Fullit bivu Suutii				20 2027
City	State	Zip Code		FEC Identification Number
San Francisco	CA	94080		
Purpose of Disbursement			001	C
Credit Card Processing Fee Candidate Name			001	Transaction ID: VFFFAD92DI
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:		1 ype	0.89
Senate	Primary	General		7 7 7
President	Other (spec	cify) 🔻		Memo Item
State: District:				Memo Item
SUBTOTAL of Disbursements This Page (optional)				278.14
			<u> </u>	
TOTAL This Period (last page this line number only	y)			

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE I (check only 21b	
	Dotalieu 30	anniary raye	28a	28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and addres	oo or arry pointice	a committee to	const continued from such continues.
Fairshake				
Full Name (Last, First, Middle Initial)				5
^{A.} Stripe				Date of Disbursement
Mailing Address 354 Oyster Point Blvd South	09 29 2024			
		Zip Code		FEC Identification Number
San Francisco	CA	94080		
Purpose of Disbursement			004	C
Credit Card Processing Fee			001	Transaction ID: V07DCC6985
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:		Туре	59.30
Senate Disburser	Primary	General		55.00
President	Other (specif			П., .
State: District:	- II.O. (OPOOII	<i>31</i> ▼		Memo Item
Full Name (Last, First, Middle Initial)				
3. Targeted Platform Media				Date of Disbursement
Mailing Address PO Box 237				09 26 2024
,		Zip Code		FEC Identification Number
Crownsville	MD	21032		
Purpose of Disbursement			001	C
Media Buy-No IE Candidate Name				Transaction ID : V4319879097
Calladate Harris			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	ment For:		Турс	237073.00
	Primary	General		
	Other (specif			Maria hara
State: District:	•			Memo Item
Full Name (Last, First, Middle Initial)				
.				Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
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	Primary	General		
President	Other (specif	y) ▼		Memo Item
State: District:				_
CURTOTAL of Dishuraneous This Bours (and				237132.30
SUBTOTAL of Disbursements This Page (optional)			······	201102100
TOTAL This Period (last page this line number only)				347719.61

ITEMIZED DISBURSEMENTS	Use separate so for each categor Detailed Summa	ry of the	FOR LINE (check only	one) Z 22 23 26 27			
Any information copied from such Reports and State	ments may not be	sold or used	by any perso	28b 28c 29 30b			
or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
/ Fairshake							
Full Name (Last, First, Middle Initial)							
A. Defend American Jobs				Date of Disbursement			
Mailing Address 228 S Washington St				09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Suite 115				00 00 2024			
City	State Zip C	ode		FEC Identification Number			
Alexandria	VA 223	14					
Purpose of Disbursement		lΓ	008	C			
Transfer Candidate Name		—— L		Transaction ID: 448E03152B0			
Caradate Hame			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		.,,,,	15000000.00			
Senate	Primary	General					
President	Other (specify) ▼	,		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
B. Protect Progress							
Mailing Address 2740 SW Martin Downs Blvd #51							
City	State Zip C			FEC Identification Number			
Palm City Purpose of Disbursement	FL 349	90					
Transfer		IΓ	008	C			
Candidate Name				Transaction ID: 049580E6C67			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:			5000000.00			
Senate	,	General					
State: District:	Other (specify)			Memo Item			
Full Name (Last, First, Middle Initial)							
C.				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address							
City	State Zip C	;ode					
Only	2.00	-040		FEC Identification Number			
Purpose of Disbursement		Г		С			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		Туре				
Senate		General		7 7			
President		Memo Item					
State: District:				World form			
SUBTOTAL of Disbursements This Page (optional)				20000000.00			
TOTAL This Period (last page this line number only)			20000000.00			
	-		•	7			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 21
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
Fairshake				C C00835959
				O
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
Targeted Platform Media				10 01 7 2024
Mailing Address PO Box 237			Amoun	
		1	71110411	
City	State	Zip Code 21032	Transa	562804.00 action ID : V029BD2CC53864F1542B
Crownsville	MD	21032		f Disbursement or Obligation
Purpose of Expenditure Pre-Payment-IE-Budzinski-Media Buy		Category/ Type 004		09 26 7 2024
Name of Federal Candidate:		Support	Office Sought	: X House District: 13
Budzinski, Nikki, , Rep.,		Oppose	Preside	
Calendar Year-To-Date			Disbursement	
Per Election for Office Sought		562804.00	2024	her (specify) ▶
Full Name of Payee		☐ Memo		Public Distribution/Dissemination
Dockside Strategies			M	09 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8 The Green				لىنتىا لتا لت
Ste 14712			Amoun	t
City	State	Zip Code		19385.00
Dover	DE	19901		action ID: V7F83297E7C721C21D90 f Disbursement or Obligation
Purpose of Expenditure		Category/		09 18 2024
IE-Caraveo-Media Production		Type 004		
Name of Federal Candidate:		Support	Office Sought	
Caraveo, Yadira, , Rep.,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1955245.00	Disbursement 2024	For: Primary General
Tel Election for Office Godgitt	7 7		Ot	her (specify) ▶
() 0117771 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_	500400 00
(a) SUBTOTAL of Itemized Independent Expenditures			•	582189.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
			,	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Philipczyk, Brandon, , ,		_	M M /	14 2024
Signature		_ Date	10	14 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Fairshake				C C00835959
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Targeted Platform Media				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 237			Am	ount
City	State	Zip Code	— г	60043.00
Crownsville	MD	21032		ansaction ID : VE75E8ECA7D5D4B8698E
Purpose of Expenditure		Cotogony	Da	te of Disbursement or Obligation
Pre-Payment-IE-Caraveo-Media Buy		Category/ Type 004		09 27 2024
Name of Federal Candidate:		Support	Office So	ught: X House District: 08
Caraveo, Yadira, , Rep.,		Oppose	Pre	sident Senate State: CO
Calendar Year-To-Date		1055045 00	Disbursen	nent For: Primary X General
Per Election for Office Sought	7	1955245.00	2024	Other (specify) ▶
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Dockside Strategies				09 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8 The Green				2024
Ste 14712			Am	ount
City	State	Zip Code	-	13921.00
Dover	DE	19901		ansaction ID: V5B9FE32BF6DCBE1D530 te of Disbursement or Obligation
Purpose of Expenditure		Category/ 004		09 18 2024
IE-DeRemer-Media Production		Type 004		
Name of Federal Candidate:		X Support	Office So	ught: House District: 05
Chavez-DeRemer, Lori, , Rep.,		Oppose	Pre	sident Senate State: OR
Calendar Year-To-Date		1514369.60	Disbursen	nent For: Primary X General
Per Election for Office Sought	7 7		2024	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			· -	73964.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	, , , , , , , , , , , , , , , , , , , ,
(c) TOTAL Independent Expenditures				
(-,				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Philipczyk, Brandon, , ,		- .	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	10	14 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Fairshake				C C00835959
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
Targeted Platform Media				09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 237			A	Amount
City	State	Zip Code		953820.00
Crownsville	MD	21032		Transaction ID : VBBE00C8CAABD916BB6
Purpose of Expenditure		Catamanul		Date of Disbursement or Obligation
IE-Craig-Media Buy		Category/ Type 004		09 18 2024
Name of Federal Candidate:		Support	Office S	Sought: X House District: 02
Craig, Angela, Dawn, Rep.,		Oppose	P	resident Senate State: MN
Calendar Year-To-Date		973501.00	Disburs	ement For: Primary X General
Per Election for Office Sought	7 7	0.0001100	2024	Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Dockside Strategies				M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8 The Green			,	I mount
Ste 14712			1	Amount
City	State	Zip Code		19681.00
Dover	DE	19901		Transaction ID: V0E82D303297FB688DF6 Date of Disbursement or Obligation
Purpose of Expenditure IE-Craig-Media Production		Category/ Type 004		09 25 7 2024
Name of Federal Candidate:		Support	Office S	Sought: X House District: 02
Craig, Angela, Dawn, Rep.,		Oppose		resident Senate State: MN
Calendar Year-To-Date			Disburs	ement For: Primary X General
Per Election for Office Sought	7	973501.00	2024	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			[973501.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		· • [
(a) TOTAL Independent Europeditures			г	
(c) TOTAL Independent Expenditures			•	<u> </u>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Philipczyk, Brandon, , ,		5 :	M = M	14 2024
Signature		_ Date	10	17 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 21	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Fairshake				FEC IDENTIFICATION NUMBER ▼	
Tailonake				C C00835959	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination	
Targeted Platform Media				10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 237			A	mount	
City	State	Zip Code		1000000.01	
Crownsville	MD	21032		ransaction ID : V6D1560E961476183899 ate of Disbursement or Obligation	
Purpose of Expenditure Pre-Payment-IE-Garcia-Media Buy		Category/ Type 004		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:				aught: Village District: 27	
Garcia, Michael, , Rep.,		Support Oppose	Office S	ought: House District: 27 resident Senate State: CA	
Calendar Year-To-Date				ement For: Primary X General	
Per Election for Office Sought		1000000.01	2024	Other (specify) ►	
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination	
Targeted Platform Media				09	
Mailing Address PO Box 237				09 24 2024	
1 0 800 237			Α	mount	
City	State	Zip Code		1709305.00	
Crownsville	MD	21032		Fransaction ID: V93E9B648D2CB71B2C28 ate of Disbursement or Obligation	
Purpose of Expenditure		Category/		09 18 2024	
IE-Horsford-Media Buy		Type 004		55 10 2521	
Name of Federal Candidate:		X Support	Office S	ought: House District: 04	
Horsford, Steven, Alexzander, Rep.,		Oppose	Pr	resident Senate State: NV	
Calendar Year-To-Date		1725542.00		ement For: Primary X General	
Per Election for Office Sought	7 7	1723342.00	2024	Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Philipczyk, Brandon, , , Signature		_ Date	10	14 2024	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Fairshake				C C00835959
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Dockside Strategies				M M / D D / Y Y Y Y Y Y Y 2024
Mailing Address 8 The Green			Ar	nount
Ste 14712				
City	State	Zip Code	<u> </u>	16237.00
Dover	DE	19901		ransaction ID: V6729899F9B922E85B7C ate of Disbursement or Obligation
Purpose of Expenditure IE-Horsford-Media Production		Category/ Type 004		09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:			Office Sc	ought: X House District: 04
Horsford, Steven, Alexzander, Rep.,		Oppose		esident Senate State: NV
Calendar Year-To-Date			Disburse	ment For: Primary X General
Per Election for Office Sought		1725542.00	2024	Other (specify) >
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Dockside Strategies				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8 The Green				
Ste 14712			Ar	nount
City	State	Zip Code		14587.00
Dover	DE	19901		ransaction ID: V578F1DBB1A37E205F38 ate of Disbursement or Obligation
Purpose of Expenditure IE-Nunn-Media Production		Category/ Type 004		09 / 18 / 2024
Name of Federal Candidate:		Support	Office Sc	ought: X House District: 03
Nunn, Zach, , Rep.,		Oppose		esident Senate State: IA
Calendar Year-To-Date		terioris i	Disburse	ment For: Primary X General
Per Election for Office Sought	7	927418.00	2024	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [30824.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Philipczyk, Brandon, , ,		_	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	10	14 2024

TEMIZED INDEPENDENT EXPENDITURES			PAGE 19 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Fairshake			C C00835959
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Dockside Strategies			09 / 17 / 2024
Mailing Address 8 The Green			Amount
Ste 14712		T - 0 - 1	10000.00
City	State	Zip Code	16932.00
Dover	DE	19901	Transaction ID: VA4EA74F0F1555B7F388 Date of Disbursement or Obligation
Purpose of Expenditure IE-Peltola-Media Production		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:			Office Sought: Village District: 01
Peltola, Mary, Sattler, Rep.,		Support	Office Sought. Nouse District.
· Site at the state of the stat		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	1927706.00	Disbursement For: ☐ Primary ☐ General 2024 ☐ Other (specify) ▶
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Targeted Platform Media		_	M M / D D / Y Y Y
Mailing Address DO Box 227			09 24 2024
PO Box 237			Amount
City	State	Zip Code	1970930.00
Crownsville	MD	21032	Transaction ID: V7401AF0700843510F45 Date of Disbursement or Obligation
Purpose of Expenditure	<u>'</u>	Category/	M M / D D / Y Y Y Y
IE-Ryan-Media Buy		Type 004	09 18 2024
Name of Federal Candidate:		X Support	Office Sought:
Ryan, Patrick, , Rep.,		Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1987660.00	Disbursement For: ☐ Primary ☐ General 2024 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		. 1987862.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		-
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Philipapul Puor Jon			M = M / D = D / Y = Y = Y
Philipczyk, Brandon, , , Signature		_ Date	9 10 14 2024
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NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Fairshake				FEC IDENTIFICATION NUMBER ▼
raiisiiake				C C00835959
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Dockside Strategies				09 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8 The Green				
Ste 14712				Amount
City State Zip Code				16730.00
Dover	DE	19901		Transaction ID: VE92C6F695A005EFBF6B Date of Disbursement or Obligation
Purpose of Expenditure		Category/ 004	1	09 25 2024
IE-Ryan-Media Production		Type 004		2024
Name of Federal Candidate:		Support	Office	e Sought:
Ryan, Patrick, , Rep.,		Oppose		President Senate State: NY
Calendar Year-To-Date		1987660.00	1	ursement For: Primary X General
Per Election for Office Sought	7 7	1987660.00	2024	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Targeted Platform Media				09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 237				
				Amount
City	State	Zip Code		799877.00
Crownsville	MD	21032		Transaction ID: VBE45E63F26748F0942E Date of Disbursement or Obligation
Purpose of Expenditure		Category/ 004		09 18 2024
IE-Sorensen-Media Buy		Type 004		3
Name of Federal Candidate:		X Support	Office	e Sought: X House District: 17
Sorensen, Eric, , Rep.,		Oppose		President Senate State: IL
Calendar Year-To-Date		817169.00		ursement For: Primary X General
Per Election for Office Sought	7	017103.00	2024	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				816607.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es			
(a) TOTAL Independent Evpanditures				
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Philipczyk, Brandon, , ,			М	M / D D / Y T Y T Y
Signature		_ Date	e 1	0 14 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 21	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Fairshake				FEC IDENTIFICATION NUMBER ▼	
Tallonako				C C00835959	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y	
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination	
Dockside Strategies				09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 8 The Green			Δ,	mount	
Ste 14712					
City	State	Zip Code		17292.00	
Dover	DE	19901		ransaction ID : VEF9C8FC8F7777FDD0D8 ate of Disbursement or Obligation	
Purpose of Expenditure		Category/		M = M / D = D / Y = Y = Y	
IE-Sorensen-Media Production		Type 004		09 25 2024	
Name of Federal Candidate:		X Support	Office So	ought: House District: 17	
Sorensen, Eric, , Rep.,		Oppose	Pre	esident Senate State: IL	
Calendar Year-To-Date		947460.00		ment For: Primary X General	
Per Election for Office Sought	7 7	817169.00	2024	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination	
Targeted Platform Media				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 237				10 01 2024	
PO Box 237			Ar	mount	
City	State	Zip Code	— Г	1294305.60	
Crownsville	MD	21032		ransaction ID: V2560865D18221C117C4 ate of Disbursement or Obligation	
Purpose of Expenditure		Category/		M = M / D = D / Y = Y = Y	
Pre-Payment-IE-Valadao-Media Buy		Type 004		09 27 2024	
Name of Federal Candidate:		X Support	Office So	ought: House District: 22	
Valadao, David, G., Rep.,		Oppose	Pre	esident Senate State: CA	
Calendar Year-To-Date		1294305.60		ment For: Primary X General	
Per Election for Office Sought	7 7	1294303.00	2024	Other (specify) ▶	
			_		
(a) SUBTOTAL of Itemized Independent Expenditures			· • _	1311597.60	
(b) SUBTOTAL of Unitemized Independent Expenditures					
() TOTAL ladge and out Form with many					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Dhilis and Dage I			M = M	/ D D / Y Y Y Y Y	
Philipczyk, Brandon, , , Signature		_ Date	10	14 2024	