

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 Palm City FL 34990 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00835959 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 09 / 01 / 2024 through 09 / 30 / 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 10 / 20 / 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.

**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>	<input type="text"/>	<input type="text" value="66813859.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="70547147.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1097599.20"/>	<input type="text" value="118351225.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71644746.21"/>	<input type="text" value="185165084.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28833661.22"/>	<input type="text" value="142353999.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42811084.99"/>	<input type="text" value="42811084.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Fairshake

Report Covering the Period: From: 09 / 01 / 2024 To: 09 / 30 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	801000.00	92361145.00
(ii) Unitemized .....	26.20	3661.19
(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
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	689846.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	296573.00	296573.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	25000000.00
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)).....▶	1097599.20	118351225.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1097599.20	118351225.46

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	347811.61	28141764.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	347811.61	28141764.10
22. Transfers to Affiliated/Other Party Committees.....	20000000.00	83800000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	8485849.61	30412235.63
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)) ..	28833661.22	142353999.73
32. 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

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Page 5

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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**

**A. Consensys Software Inc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5049 Edwards Ranch Rd  
 City Ft Worth State TX Zip Code 76109-4213  
 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 ▼ 800000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2024  
**Transaction ID : 5CF810A4EA1D4910B564**  
 Amount of Each Receipt this Period  
 800000.00  
 Memo Item

**B. Yoo, Derek, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Reed St  
 City Lexington State MA Zip Code 02421-4220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Moonsong Labs CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2024  
**Transaction ID : 4AD3CE0AD2C247A0A64F**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	801000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	801000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Fairshake**

**A. Schoen Survey Research**

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

Mailing Address 350 S Collier Blvd  
Suite 308

City Marco Island State FL Zip Code 34145

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 ▼  
59500.00

Date of Receipt: 09 / 26 / 2024  
**Transaction ID : 9328ABB506114D6FDB7**

Amount of Each Receipt this Period: 59500.00

Memo Item  
Refund of 9/17/24 Payment

**B. Targeted Platform Media**

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

Mailing Address PO Box 237

City Crownsville State MD Zip Code 21032

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 ▼  
915312.22

Date of Receipt: 09 / 26 / 2024  
**Transaction ID : 2DFDB5C40EA887623F4**

Amount of Each Receipt this Period: 237073.00

Memo Item  
Refund of 9/26/2024 Payment

**C.**

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

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: / /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	296573.00
<b>TOTAL</b> This Period (last page this line number only).....	296573.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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 Washington

State DC

Zip Code 20006

Purpose of Disbursement

Bank Fee

001

Candidate Name

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  
 09 / 26 / 2024

FEC Identification Number

C

Transaction ID : 29F22E01D8c

Amount of Each Disbursement this Period

142.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bison Strategies**

Mailing Address 1874 SW St Andrews Dr

City Palm City

State FL

Zip Code 34990

Purpose of Disbursement

Compliance Consulting

001

Candidate Name

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  
 09 / 09 / 2024

FEC Identification Number

C

Transaction ID : V5B3C23DF3

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 Scarsdale

State NY

Zip Code 10583

Purpose of Disbursement

Media Relations Consulting

001

Candidate Name

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  
 09 / 05 / 2024

FEC Identification Number

C

Transaction ID : V1049FD7E2

Amount of Each Disbursement this Period

2500.00

Memo Item

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

11642.50

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Fairshake**

Full Name (Last, First, Middle Initial)

### A. Critical Mention

Mailing Address 19 West 44th St  
Suite 300

City New York State NY Zip Code 10036

Purpose of Disbursement

Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : V2A6A54BD5

Amount of Each Disbursement this Period

[Redacted] 666.67

Memo Item

Full Name (Last, First, Middle Initial)

### B. Dockside Strategies

Mailing Address 8 The Green  
Ste 14712

City Dover State DE Zip Code 19901

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : VB6C3DD3D8

Amount of Each Disbursement this Period

[Redacted] 25000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Gragert Research

Mailing Address PO Box 410521

City Chicago State IL Zip Code 60641

Purpose of Disbursement

Research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : V32492CFAA

Amount of Each Disbursement this Period

[Redacted] 6000.00

Memo Item

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

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

[Redacted] 31666.67

[Redacted]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Fairshake**

**A. Jamestown Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 421 Chestnut Street

City Philadelphia State PA Zip Code 19106

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2024

FEC Identification Number: C

Transaction ID : V2C81441DC

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Narrator**

Full Name (Last, First, Middle Initial)

Mailing Address 41 Horseshoe Lane

City Lemont State IL Zip Code 60439

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2024

FEC Identification Number: C

Transaction ID : VB52B005644

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Schoen Survey Research**

Full Name (Last, First, Middle Initial)

Mailing Address 350 S Collier Blvd Suite 308

City Marco Island State FL Zip Code 34145

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2024

FEC Identification Number: C

Transaction ID : V49F24B833I

Amount of Each Disbursement this Period: 59500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 67000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fairshake

Full Name (Last, First, Middle Initial)

### A. Squarespace

Mailing Address 225 Varick Street

City  
New York

State  
NY

Zip Code  
10014

Purpose of Disbursement

Web Hosting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : V5DD13001D

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B. Stripe

Mailing Address 354 Oyster Point Blvd South

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement

Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : V184B5A29C1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C. Stripe

Mailing Address 354 Oyster Point Blvd South

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement

Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : VFFFAD92D1

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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 Francisco State CA Zip Code 94080

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : V07DCC6985**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B. Targeted Platform Media

Mailing Address PO Box 237

City Crownsville State MD Zip Code 21032

Purpose of Disbursement  
Media Buy-No IE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : V4319879097**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Fairshake**

**A. Defend American Jobs**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 05 / 2024

FEC Identification Number: C

Transaction ID : 448E03152B0

Amount of Each Disbursement this Period: 15000000.00

Memo Item

**B. Protect Progress**

Full Name (Last, First, Middle Initial)

Mailing Address 2740 SW Martin Downs Blvd  
#51

City Palm City State FL Zip Code 34990

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 12 / 2024

FEC Identification Number: C

Transaction ID : 049580E6C67

Amount of Each Disbursement this Period: 5000000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20000000.00

**TOTAL** This Period (last page this line number only)..... ▶ 20000000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Pre-Payment-IE-Budzinski-Media Buy
Name of Federal Candidate: Budzinski, Nikki, , Rep., Support
Office Sought: House District: 13 State: IL
Calendar Year-To-Date Per Election for Office Sought 562804.00
Disbursement For: General 2024

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Caraveo-Media Production
Name of Federal Candidate: Caraveo, Yadira, , Rep., Support
Office Sought: House District: 08 State: CO
Calendar Year-To-Date Per Election for Office Sought 1955245.00
Disbursement For: General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 582189.00
(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.

Signature Philipczyk, Brandon, , ,

Date 10 / 14 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Pre-Payment-IE-Caraveo-Media Buy
Name of Federal Candidate: Caraveo, Yadira, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 1955245.00

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-DeRemer-Media Production
Name of Federal Candidate: Chavez-DeRemer, Lori, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 1514369.60

(a) SUBTOTAL of Itemized Independent Expenditures 73964.00
(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.

Signature Philipczyk, Brandon, , ,

Date 10 / 14 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure IE-Craig-Media Buy
Name of Federal Candidate: Craig, Angela, Dawn, Rep.,
Calendar Year-To-Date Per Election for Office Sought 973501.00

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Craig-Media Production
Name of Federal Candidate: Craig, Angela, Dawn, Rep.,
Calendar Year-To-Date Per Election for Office Sought 973501.00

(a) SUBTOTAL of Itemized Independent Expenditures 973501.00
(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



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Pre-Payment-IE-Garcia-Media Buy
Category/Type 004
Name of Federal Candidate: Garcia, Michael, , Rep., Support
Office Sought: House District: 27 State: CA
Calendar Year-To-Date Per Election for Office Sought 1000000.01
Disbursement For: General 2024

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure IE-Horsford-Media Buy
Category/Type 004
Name of Federal Candidate: Horsford, Steven, Alexzander, Rep., Support
Office Sought: House District: 04 State: NV
Calendar Year-To-Date Per Election for Office Sought 1725542.00
Disbursement For: General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 2709305.01
(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.

Signature Philipczyk, Brandon, , ,

Date 10 / 14 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Horsford-Media Production
Name of Federal Candidate: Horsford, Steven, Alexzander, Rep.,
Calendar Year-To-Date Per Election for Office Sought 1725542.00

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Nunn-Media Production
Name of Federal Candidate: Nunn, Zach, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 927418.00

(a) SUBTOTAL of Itemized Independent Expenditures 30824.00
(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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Peltola-Media Production
Name of Federal Candidate: Peltola, Mary, Sattler, Rep.,
Calendar Year-To-Date Per Election for Office Sought 1927706.00

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure IE-Ryan-Media Buy
Name of Federal Candidate: Ryan, Patrick, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 1987660.00

(a) SUBTOTAL of Itemized Independent Expenditures 1987862.00
(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.

Signature Philipczyk, Brandon, , ,

Date 10 / 14 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Ryan-Media Production
Category/Type 004
Name of Federal Candidate: Ryan, Patrick, , Rep., Support
Office Sought: House District: 18 State: NY
Calendar Year-To-Date Per Election for Office Sought 1987660.00
Disbursement For: General 2024

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure IE-Sorensen-Media Buy
Category/Type 004
Name of Federal Candidate: Sorensen, Eric, , Rep., Support
Office Sought: House District: 17 State: IL
Calendar Year-To-Date Per Election for Office Sought 817169.00
Disbursement For: General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 816607.00
(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.

Signature Philipczyk, Brandon, , ,

Date 10 / 14 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fairshake
FEC IDENTIFICATION NUMBER C C00835959

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Dockside Strategies
Mailing Address 8 The Green Ste 14712
City Dover State DE Zip Code 19901
Purpose of Expenditure IE-Sorensen-Media Production
Name of Federal Candidate: Sorensen, Eric, , Rep.,
Calendar Year-To-Date Per Election for Office Sought 817169.00

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 21032
Purpose of Expenditure Pre-Payment-IE-Valadao-Media Buy
Name of Federal Candidate: Valadao, David, G., Rep.,
Calendar Year-To-Date Per Election for Office Sought 1294305.60

(a) SUBTOTAL of Itemized Independent Expenditures 1311597.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 8485849.61

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.

Signature Philipczyk, Brandon, , ,

Date 10 / 14 / 2024