

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	REGISTRATION OF A SUPPLEMENTAL FILER NADC FORM SF-1	POSTMARK DATE	4/19/2022			
		MICROFILM NUMBER				
		OFFICE USE ONLY				
BEFORE COMPLETING THIS FORM READ THE GENERAL INFORMATION FILING REQUIREMENTS ON PAGE 4						
- Nebraska Business: Select Business "Nebraska Business" if you are a corporation, labor organization, limited liability company, limited liability partnership, industry, trade or professional association doing business in Nebraska, or if you are organized under Nebraska law. - Out of State Business: Select Business "Out of State Business" if you are a corporation, labor organization, or an industry, trade or professional association which is not doing business in Nebraska. - Individual: Select "Individual" if you are required to file on behalf of an individual person (yourself, or someone else who is not a committee, business or entity). - Other Entity: All others select "Other Entity".						
ITEM 1	NATURE OF FILING (Check Appropriate Box)					
	☒ This is an initial filing ☐ This is an amendment(complete Item 2 and other items to be amended)					
ITEM 2	SUPPLEMENTAL FILER INFORMATION					
THIS ADDRESS WILL BE USED BY THE COMMISSION FOR CORRESPONDING WITH THE FILER						
Supplemental Filer Type:		Nebraska Business Supplemental Filer		Registration Date: 4/19/2022		
Business Name:		THE FAIRNESS PROJECT				
Address:	1401 NEW YORK AVENUE NW, SUITE 800	WASHINGTON	DC	20005		
	STREET ADDRESS	CITY	STATE	ZIP CODE		
Mailing Address:	2300 18TH STREET NW, UNIT 21337	WASHINGTON	DC	20009		
	STREET ADDRESS	CITY	STATE	ZIP CODE		
TelePhone No:	(814) 571-2624	Email Address:	MIKE@THIRDBRANCHLLC.COM			
ITEM 3	NATURE OF COMMITTEE (Check Appropriate Box)					
	☐ Individual Supplemental Filer ☒ Nebraska Business Supplemental Filer ☐ Other Entity Supplemental Filer ☐ Out of State Business Supplemental Filer					
ITEM 4	NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE FILER					
Position	Name	Address	City	State	Zip code	Telephone No.
Primary Agent	MICHAEL FINOCCHIO	1342 FLORIDA AVENUE NW	WASHINGTON	DC	20009	(814) 571-2624
ITEM 5	SIGNATURE OF FILER AND DATE					
MICHAEL FINOCCHIO		PRIMARY AGENT		4/19/2022		
(Signature of Filer)		(e - Signature Title)		Date		