

FL CD 1
**FEC FORM 2 SPECIAL
 STATEMENT OF CANDIDACY**

ERIC HAFNER
 514 AMERICAS WAY
 #2296
 BOX ELDER SD 57719
 phone 212-920-4809

1. (a) Name of Candidate (in full)		ERIC HAFNER		
(b) Address (number and street)		<input type="checkbox"/> Check if address changed 514 AMERICAS WAY #2296		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code BOX ELDER SD 57719		3. Is This Statement <input checked="" type="radio"/> New (N) OR <input type="radio"/> Amended (A)		
4. Party Affiliation REPUBLICAN	5. Office Sought U.S. HOUSE	6. State & District of Candidate FLORIDA - ONE		

phone 212-920-4809 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE FL CD-1 SPECIAL

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2025 election(s).
 NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) ERIC HAFNER FOR AMERICA FIRST
(b) Address (number and street) c/o ERIC HAFNER, 514 AMERICAS WAY #2296
(c) City, State, and ZIP Code BOX ELDER SD 57719

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phone DESIGNATION OF OTHER AUTHORIZED COMMITTEES
 (Including Joint Fundraising Representatives)
212-920-4809

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
 NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) AMERICA FIRST FLORIDA ALWAYS
(b) Address (number and street) c/o ERIC HAFNER, 514 AMERICAS WAY #2296
(c) City, State, and ZIP Code BOX ELDER SD 57719

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	Date
	11/29/2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

MAGA REPUBLICANS VICTORY FUND

(b) Address (number and street)

c/o ERIC HAFNER, 514 AMERICAS WAY #2296

(c) City, State, and ZIP Code

BOX ELDER SD 57719

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SECURE THE BORDER FLORIDA

(b) Address (number and street)

c/o ERIC HAFNER, 514 AMERICAS WAY #2296

(c) City, State, and ZIP Code

BOX ELDER SD 57719

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

STOP FENTANYL FLORIDA

(b) Address (number and street)

c/o ERIC HAFNER, 514 AMERICAS WAY #2296

(c) City, State, and ZIP Code

BOX ELDER SD 57719

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SUPPORT VETERANS FLORIDA

(b) Address (number and street)

c/o ERIC HAFNER, 514 AMERICAS WAY #2296

(c) City, State, and ZIP Code

BOX ELDER SD 57719

ERIC HAFNER
00932005
FCI OTISVILLE
PO BOX 1000
OTISVILLE NY 10963

WESTCHESTER NY 105

29 NOV 2024 PM 1 L



TO: FEDERAL ELECTION
COMMISSION
1050 1ST STREET NW
WASHINGTON DC
20463

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Federal Election Commission

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
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PREPARER	DATE PREPARED	

(4/2023)