

FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) Patrick John Hahn		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 218 Bernstein Blvd.		2. FEC Candidate Identification Number S8NY00199
(c) City, State, and ZIP Code Center Moriches, New York 11934		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation Republican	5. Office Sought U.S. Senate	6. State & District of Candidate New York / 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Pat Hahn
(b) Address (number and street) P.O. Box 36 or 218 Bernstein Blvd.
(c) City, State, and ZIP Code Center Moriches, NY 11934

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

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 05-05-2021
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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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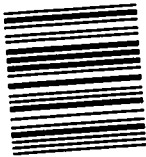
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 Patrick Hahn
 218 Bernstein Blvd.
 Center Moriches, NY 11934

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The retailer must check the "Signature Required" box (if the retailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

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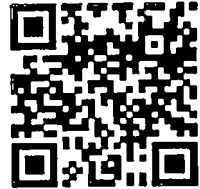
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 Time Accepted 10:30 AM
 Special Handling/Fragile Fragile

Postage \$ 26.35
 Insurance Fee \$
 Return Receipt Fee \$
 Live Animal Transportation Fee \$
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