

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2021 MAY 13 PM 1:51  
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

F r i e n d s o f P a t H a h n

ADDRESS (number and street)

P O B o x 3 6



(Check if address is changed)

2 1 8 B e r n s t e i n B l v d .

C e n t e r M o r i c h e s

CITY ▲

N Y

STATE ▲

1 1 9 3 4

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

P a t H a h n 4 S e n a t e @ g m a i l . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

w w w . H a h n - u s s e n a t e 2 0 2 2 . c o m

2. DATE

0 5 / 0 5 / 2 0 2 1

0 5 / 0 5 / 2 0 2 1

2 0 2 1

3. FEC IDENTIFICATION NUMBER ▶

C 0 0 6 5 8 8 7 2

4. IS THIS STATEMENT



NEW (N).

OR



AMENDED (A).

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

Type or Print Name of Treasurer Patricia Hahn

Signature of Treasurer

*Patricia Hahn*

Date

0 5 / 0 5 / 2 0 2 1

0 5 / 0 5 / 2 0 2 1

2 0 2 1

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100.

FEC FORM 1  
(Revised 06/2012)

NON-CONFIDENTIAL

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate P a t r i c k J o h n H a h n

Candidate Party Affiliation R e p Office Sought:  House  Senate  President State N Y District 0 0

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a          (National, State or subordinate) committee of the          (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

2011-08-15 10:00:00 AM

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

P a t r i c k H a h n

Mailing Address

2 1 8 B e r n s t e i n B l v d .  
C e n t e r M o r i c h e s N Y 1 1 9 3 4

Title or Position

CITY

STATE

ZIP CODE

C a n d i d a t e

Telephone number

[Empty grid lines for telephone number]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

P a t r i c a H a h n

Mailing Address

2 1 8 B e r n s t e i n B l v d .  
C e n t e r M o r i c h e s N Y 1 1 9 3 4

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number

[Empty grid lines for telephone number]

20110310 10:00 AM

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

S u f f o l k F e d e r a l C r e d i t U n i o n

Mailing Address

3 6 8 1 H o r s e b l o c k R o a d

[Empty grid for Mailing Address line 2]

M e d f o r d N Y 1 1 7 6 3

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

NONPROFIT CORPORATION

SEAL FIRMLY TO

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20463



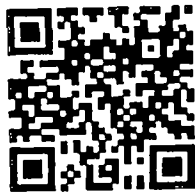
1007



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CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ( )

Patrick Hahn  
218 Bernstein Blvd.  
Center Moriches, NY 11934

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Purchases 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.

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TO: (PLEASE PRINT)

PHONE ( )

Federal Elections Commission  
1050 First Street, NE  
Washington, D.C. 20463

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20463

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Federal Agency Acct. No. or Postal Service® Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code

11934

5/5/21

12:59 PM

Special Handling/Fragile

\$

Weight

2.3 lbs

Flat Rate

2.3 lbs

Acceptance Employee Initials

UAD

Delivery Attempt (MM/DD/YY) Time

AM

PM

Delivery Attempt (MM/DD/YY) Time

AM

PM

Employee Signature

Employee Signature

Total Postage & Fees

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LABEL 11-B, MARCH 2019

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STATES

Federal Election Commission  
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 05-14-21  
 PREPARER DATE PREPARED

NON-PROFIT CORPORATION