

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

ERIC HAFNER FOR CONGRESS

ADDRESS (number and street)

514 AMERICAS WAY # 2296

☐

(Check if address  
is changed)

BOX ELDER

CITY ▲

SD

STATE ▲

57719

ZIP CODE ▲

phone 212-920-4809

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

ALASKA.ERIC.HAFNER@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

ERIC.HAFNER.COM

2. DATE

06 / 08 / 2026

3. FEC IDENTIFICATION NUMBER ►

C

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

ERIC HAFNER

Signature of Treasurer

Date

06 / 08 / 2026

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 03/2022)

## 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

ERIC HAFNER

Candidate  
Party Affiliation

DEM

Office  
Sought:

House



Senate



President

State

AK

District

01

- (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.)
- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i) ☐ 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.
- (j) ☐ 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.

2.

C

C

Write or Type Committee Name

ERIC HAFNER FOR CONGRESS

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ 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

ERIC HAFNER

Mailing Address

514 AMERICAS WAY # 2296

BOX ELDER

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

212-920-4809

## 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

ERIC HAFNER

Mailing Address

514 AMERICAS WAY # 2296

BOX ELDER

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

212-920-4809

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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.

NONE

Mailing Address

NONE

NONE

AK

99999-9999

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

ATISVILLE NY 10963

10 JUN 2026 PM



\*LEGAL MAIL\*

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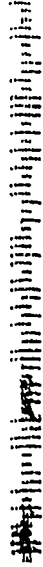
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FEC MAIL CENTER

LEGAL  
MAIL

00932-005

Federal Election Commission  
1050 First ST, NE  
Washington, DC 20463  
United States



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(7)  
16  
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37  
(9)

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

|                                                                 |                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                         | Date of Receipt                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail       | Date of Receipt<br><i>6/17/2026</i>                                                                                                                                                                                                                                 |
| <input type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> USPS Priority Mail                     | Postmarked                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> USPS Priority Mail Express             | Postmarked                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Postmark Illegible                     |                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> No Postmark                            |                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Overnight Delivery Service (Specify):  | <div style="display: flex; justify-content: space-between;"> <span>Shipping Date</span> <span>Date of Receipt</span> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Next Business Day Delivery <input type="checkbox"/> </div> |
| <input type="checkbox"/> Received via FAX                       | Date of Receipt                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Received via Email                     | Date of Receipt                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Other (Specify):                       | Date of Receipt or Postmarked                                                                                                                                                                                                                                       |
| <i>MM</i><br>PREPARER<br>(4/2023)                               | <i>6/17/2026</i><br>DATE PREPARED                                                                                                                                                                                                                                   |

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