STATEMENT OF

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FEC FORM 1		_	RGAN								C	Office	Use O	ınlı			
1. NAME OF COMMITTEE (ir	n full)	П	(Check if nar is changed)	me	Example over the	e: If typing	g, type	1	2FI	Ξ4M		Jilice	Use O	illy			_
James Hay	•	Cong											_				
																1 1	
ADDRESS (number a	nd street)	PO Box	110157														
(Check if a	address				1 1 1	1 1 1	1 1 1		ı	1 1			1 1			1 1	_
is changed	1)	Pittsbu	rgh CITY ▲					<u> </u>	PA STATE		15	232	Z		ODE 4		
COMMITTEE'S E-MA	AIL ADDRES	SS															
(Check if a is changed		jljukus	s@gmail.co	om 											<u> </u>		
		Optiona	ll Second E-M Prightwayc	¹ ail Addre ompliar	ss nce.cor	ņ,		1 1									ı
COMMITTEE'S WEB (Check if a is changed	address	•	JRL) ayesforpa.com														
2. DATE 04	4 18		2023														
3. FEC IDENTIFIC	CATION NU	MBER	•	C C008	38185												
4. IS THIS STATEM	MENT X	NEV	V (N)	OR		AMEND	ED (A)										
I certify that I have on Type or Print Name				e best of	my knov	vledge ar	nd belief	it is t	rue, (correc	ct an	d cor	npleto	Э.			
Type of Thin Name	or measurer																
Signature of Treasure	er <i>Jukus</i> ,	Joel, , ,			[Ele	ctronically	Filed]	Da	te	0	_		18		202	23	
NOTE: Submission of	false, errone		complete information									e pen	alties	of 52	2 U.S.0	C. §3	0109.
Office Use Only					Fed Toll	further in eral Election Free 800-4	on Commis 124-9530		ct:				EC F Revise		RM 1 2012)		

Local 202-694-1100

E	Form 1 (Revised 03/2022)	Page 2						
	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 Hayes, James, , Dr., Candidate								
	Party Affiliation REP Sought: House Senate President	State PA						
	(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 Republican, etc.)	Party						
	Political Action Committee (PAC):							
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:						
	Corporation Corporation w/o Capital Stock Labor Organiz	ation						
	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:							
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political						
	(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. C							

	FEC Form	1 (Revised 02/2009)	Page 3
W	rite or Type Comr	mittee Name	
_	James F	Hayes for Congress	
6.	Name of Any Control NONE	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization	Leadership PAC Sponso
	riciationstilp.	Connected Organization Anniated Organization John Fundraising Representative	Leadership FAC Sporisc
	Custodian of Re books and record	ecords: Identify by name, address (phone number optional) and position of the person in posrds.	ssession of committee
		Jukus, Joel, , ,	
	Full Name		
	Mailing Address	4031 Thicket Lane	
		Harrisburg	110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	- · · · · · · · · · · · · · · · · · · ·	ZIP CODE A
	Treasurer	Telephone number	_ 395 1636
3.		the name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	ne name and address of
	, ,		
	Full Name of Treasurer	Jukus, Joel, , ,	
	Mailing Address	4031 Thicket Lane	
		Harrisburg PA 17	110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	1636

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Full Name of Designated Agent	Jukus, Joel, , ,		
Mailing Address	4031 Thicket Lane		
	Harrisburg	PA 171	10
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer		ephone number 717 -	- 395 - 1636
Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which tes or maintains funds.	he committee deposits funds, h	nolds accounts, rents
Name of Bank, De	epository, etc.		
l	First National Bank of PA		
Mailing Address	3015 Glimcher Blvd.		
	Hermitage	PA 1614	48
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
l			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲