Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) FRIENDS OF PATRICK LARGEY 4 CONGRESS 99-733 MEAALA ST ADDRESS (number and street) (Check if address is changed) **AIEA** 96701 HI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS patricklargey4congress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://freedom4hawaii.co (Check if address is changed) DATE 2022 C00817205 FEC IDENTIFICATION NUMBER 3. 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. LARGEY, AVIS, , , Type or Print Name of Treasurer LARGEY, AVIS, , , [Electronically Filed] 06 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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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 LARGEY, PATRICK, , ,						
Candidate Party Affiliation REP Sought: House Senate President	State HI 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 Republican, e	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 Org	anization					
Membership Organization Trade Association Cooperation	/e					
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.						
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						

Treasurer

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٧	Vrite or Type Committee Nam		100500		
		PATRICK LARGEY 4 CON			
6.	Name of Any Connected NONE	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Leade	ership PAC Sponsor	
	Mailing Address				
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: Connecte	d Organization Affiliated Organization Joint	Fundraising Representative	Leadership PAC Sponso	
	_		_	-	
7.	books and records.	ntify by name, address (phone number optional) an	d position of the person in posse	ssion of committee	
	Full Name	, -,,, 			
	Mailing Address	PO BOX 271			
		AIEA	HI 9670	1 -	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	Records Custodian	Tele	phone number 808 -	230 - 0345	
8.	3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).				
		, AVIS, , ,			
	of Treasurer	PO POV 974			
	Mailing Address	PO BOX 271			
		AIEA	HI 9670	1	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				

230

808

Telephone number

0345

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	Full Name of Designated	(
	Agent				
	Mailing Address				
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲	
		Telephone num	ber		
;	Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which the committee es or maintains funds.	e deposits fu	nds, holds accounts, rents	
ı	Name of Bank, De	pository, etc.			
		Bank of Hawaii			
I	Mailing Address	2969 Mapunapuna Pl			
		Honolulu	HI	96819	
		CITY A	STATE A	ZIP CODE ▲	
Name of Bank, Depository, etc.					
ı	Mailing Address				
		CITY ▲	STATE A	ZIP CODE ▲	