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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) is changed) over the lines. Quinn for America 114 Middle Branch Road ADDRESS (number and street) (Check if address is changed) Old Forge 13420 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS caseyhamlin.contact@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) quinnforamerica.weebly.com (Check if address is changed) DATE 2015 C00583757 FEC IDENTIFICATION NUMBER > 3. X 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. Casey Hamlin Type or Print Name of Treasurer Casey Hamlin [Electronically Filed] 80 19 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only Local 202-694-1100

	EC E 0	1 (Paying 02/2000)	Page 2			
		om 1 (Revised 02/2009) OMMITTEE	Page 2			
		committee:				
(a)	X	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 Candi	-	Quinn Hamlin				
Candi Party	idate Affiliati	on NPA Office Sought: House Senate X President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Part	y Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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	Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

Write or Type Committee Name Quinn for America 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE	FEC Form 1 (Revise	d 02/2009)	Page 3
NONE Mailing Address Mailing Address City State Zip Code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor NONE City State Zip Code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Casey Hamiin Full Name Mailing Address Old Forge NY STATE Zip Code Telephone number Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Casey Hamiin Casey Hamiin Casey Hamiin Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Casey Hamiin			. 0
NONE Mailing Address Mailing Address City State Zip Code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor NONE City State Zip Code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Casey Hamiin Full Name Mailing Address Old Forge NY STATE Zip Code Telephone number Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Casey Hamiin Casey Hamiin Casey Hamiin Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Casey Hamiin	Quinn for Ame	erica	
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Casey Hamlin Full Name Alling Address Old Forge NY 13420 Title or Position CITY STATE ZIP CODE Telephone number optional) of the treasurer of the committee; and the name and address or any designated agent (e.g., assistant treasurer). Full Name Casey Hamlin	6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Casey Hamilin Full Name Old Forge	NONE		
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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records. Casey Hamlin Full Name Old Forge Old Forge Title or Position CITY STATE ZIP CODE Telephone number Telephone number Telephone number Casey Hamlin of Treasurer Mailing Address 114 Middle Branch Road Mailing Address 114 Middle Branch Road			
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Casey Hamlin Full Name Mailing Address City Telephone number Casey Hamlin City Telephone number Telephone number Telephone number Casey Hamlin City Telephone number Telephone number Casey Hamlin City Ci	_	CITY STAT	E ZIP CODE
Casey Hamlin Full Name 114 Middle Branch Road	Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repres	Sentative Leadership PAC Sponso
Old Forge Old Forge Title or Position CITY STATE ZIP CODE Telephone number Telephone 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 Mailing Address Mailing Address Mailing Address	books and records.	Hamlin	he person in possession of committee
Title or Position CITY STATE ZIP CODE Telephone number Teleph	Mailing Address	114 Middle Branch Road	
Title or Position CITY STATE ZIP CODE Telephone number Teleph			
Telephone number Telephone nu		Old Forge NY	
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 Mailing Address 114 Middle Branch Road	Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer). Full Name		Telephone number	
of Treasurer Mailing Address 114 Middle Branch Road	. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the commi , assistant treasurer).	ittee; and the name and address of
Mailing Address		lamlin	
Old Forge NY 13420 _	Mailing Address	114 Middle Branch Road	
Old Forge NY 13420			
		Old Forge NY	13420
CITY STATE ZIP CODE Title or Position	Title or Position	CITY STATE	ZIP CODE
Telephone number		Telephone number	

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Full Name of Designated	Mitt Hamlin						
Agent	.114 Middle Branch Pood						
Mailing Address	114 Middle Branch Road						
	Old Forge NY 13420						
Title or Position	CITY STATE Z	ZIP CODE					
THE OF POSITION	Telephone number						
safety deposit bo	safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Adirondack Bank						
Mailing Address	108 Codling St						
	Old Forge NY 13420						
	CITY STATE 2	ZIP CODE					
Name of Bank, [Depository, etc.						
Mailing Address							
	CITY STATE 2	ZIP CODE					