

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2022 DEC 21 PM 1:47
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

h a i c y o u n F u n d J O S H U A O - M A R S O N

ADDRESS (number and street)

(Check if address
is changed)

280 E 2nd St

13F

New York

CITY ▲

NY

STATE ▲

10004-1

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

JOSHUAHAIKYOUNCOMMITTEE.COM

Optional Second E-Mail Address

JOSHMADISON@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.HAIKYOUNCOMMITTEE.COM

2. DATE

12 / 19 / 2022

3. FEC IDENTIFICATION NUMBER ►

C00829234

4. IS THIS STATEMENT



NEW (N)



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

JOSHUA O. MADISON

Signature of Treasurer

JOSHUA O. MADISON

Date

12 / 11 / 2022

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
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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

JOSHUA Olin Madsen

Candidate Party Affiliation

INP

Office Sought:

House

 Senate President

State

NY
10

District

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

Name of Candidate

[REDACTED]

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. [REDACTED]

2. [REDACTED]

C
C

Write or Type Committee Name

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

[REDACTED]

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED] - [REDACTED]

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

[REDACTED] O Hudson

Mailing Address

[REDACTED] E 2nd St.

#3F

[REDACTED] New York

[REDACTED] NY

[REDACTED] 10009-1

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[REDACTED] Treasurer

Telephone number

[REDACTED] 247-813-0011

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

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED] - [REDACTED]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[REDACTED]

Telephone number

[REDACTED] - [REDACTED] - [REDACTED]

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.

USA Federal Savings Bank

Mailing Address

9800 Fredericksburg Road

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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FEC MAIL CENTER
20463 IAD DC-US

1630 6953 3350 3924 TRK# 0501

1234 2 1630 6953

UNITED STATES OF AMERICA

BILL CREDIT CARD

FEDERAL ELECTION COMMISSION
1050 FIRST ST. NE

WASHINGTON DC 20463

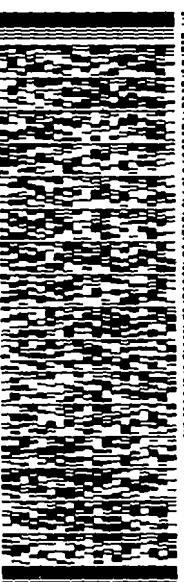
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THU - 22 DEC 4:30P
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297-435 RRD8 EXP-01/23

Federal Election Commission

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	12/31/22
PREPARER (3/2015)	DATE PREPARED