

JAPANESE AMERICAN REPUBLICANS  
c/o Miyoko Mura  
18222 S. DENKER AVE.  
GARDENA, CA 90248

RECEIVED  
FEC MAIL ROOM  
2002 MAR -6 A 11:11

February 25, 2002

Federal Election Commission  
999 E Street, N.W.  
Washington D.C. 20463

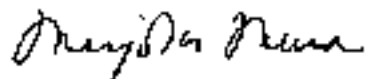
Subject: FEC Form 3X – Report of Receipts and Disbursements

To Whom It May Concern:

Enclosed is a copy of Form 3X for 07/01/01 to 12/31/01 originally mailed on 01/28/02 by certified mail but not received by Federal Election Commission to date and a copy of U.S. Postal Service Certified Mail Receipt.

Also enclosed is Form 1 to change name of the treasurer.

Sincerely,

  
Miyoko Mura, Treasurer  
Japanese American Republicans

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

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FEC MAIL ROOM

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Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

JAPANESE AMERICAN REPUBLICANS

ADDRESS (number and street)

18222 S DENKER AVE

☐

(Check if address  
is changed)

GARDENA

CA

90248-3931

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

02 25 2002

3. FEC IDENTIFICATION NUMBER ►

C00195701

4. IS THIS STATEMENT

NEW (N)

OR

X

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

MIYOKO MURA

Signature of Treasurer

Miyoko Mura

Date

02 25 2002

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 Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

## 5. TYPE OF COMMITTEE (Check One)

- (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

Candidate  
Party AffiliationOffice  
Sought

House

Senate

President

State

District

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

Name of Candidate

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## B. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation☐ Corporation w/o Capital Stock☐ Labor Organization☐ Membership Organization☐ Trade Association☐ Cooperative

Write or Type Committee Name

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of  
Designated  
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

- R. **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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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



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Date of Receipt

3/6/02



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Other (Specify):

Postmarked

and/or Date of Receipt



Electronic Filing

SA

PREPARER

3/6/02

DATE PREPARED

(6/2000)