RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
15 OCT 15 PM 3:25
Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Friends of Mazie Hirono

ADDRESS (number and street) ▼ PO Box 677

☐ Check if different than previously reported. (ACC)

Honolulu | HI | 96809 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00420760

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: HI 00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Asst Treasurer ~~Carol Puette~~ Judith Zamore

Signature of Asst Treasurer ~~Carol Puette~~ [signature] Date 10 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

2015101602002592 06