

YUKLIN ALULI
415-C Uluniu Street
Kailua, Hawaii 96734
Telephone: (808) 262-5900
Facsimile: (808) 262-5610

RECEIVED
2011 SEP 29 PM 12:33
FEC MAIL CENTER

LETTER OF TRANSMITTAL

September 23, 2011

The information in and attached to this transmittal is intended only for the use of the intended recipient(s) and may be an attorney-client communication and, as such, is privileged and confidential. If the reader of this message is not the intended recipient(s), then you are hereby notified that you have received this communication in error, and that any reuse, review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us at the above address by mail. Thank you.

TO: Federal Election Commission
999 E. Street
Washington, DC 20463

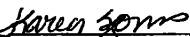
RE: Statement of Organization
for Kiaaina for Congress

COPIES	DATE	DESCRIPTION
ORIGINAL		Executed Statement of Organization, FEC Form 1

TRANSMITTED AS MARKED BELOW:

For Your Signature	Per Your Request
For Signature & Return	Per Our Conversation
For Signature & Forwarding (see below)	For Your Approval
For Filing and Return	For Recordation and Return
For Review & Comment	See Remarks Below
For Your Records	For Your Information

REMARKS:


Karen Jones
for Yuklin Aluli

11030664294

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2011 SEP 29 PM 12:33

FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Kiaaina for Congress

ADDRESS (number and street)

P. O. Box 700568

(Check if address
is changed)

Kapolei

HI

96709

0568

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

esther@kiaaina.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

kiaaina.com

2. DATE

08th ' 6th ' 2011

3. FEC IDENTIFICATION NUMBER

C000500470

4. 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.

Type or Print Name of Treasurer

Yuklin Aluli

Signature of Treasurer

Date

09 ' 23 ' 2011

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

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

FEC FORM 1
(Revised 02/2009)

11030664295

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 Esther Kiaaina

Candidate Party Affiliation DEM Office Sought: House Senate President State HI District 02

- (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 _____ (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

11030664296

Write or Type Committee Name

Kiaaina for Congress

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

None

Mailing Address

Relationship: Connected Organization Affiliated Committee 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

Claire Pruet

Mailing Address

722 Sunset Ave.

Honolulu

HI

96816

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

808-620-3115

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

Yuklin Aluli

Mailing Address

415 C Uluniu St.

Kailua

HI

96734

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

808-262-5900

11030664297

Full Name of Designated Agent

Claire Pruet

Mailing Address

722 Sunset Ave.

Honolulu

CITY

HI

STATE

96816

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

808-620-3115

11030664298

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.

First Hawaiian Bank

Mailing Address

3599 Waiālae Ave

Honolulu

CITY

HI

STATE

96816

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
9/23/11

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER

9/29/11

DATE PREPARED

11030664299