OLSON HAGEL & FISHBURN, LLP

Date: 2/11/14

Federal Election Commission
999 E St., NW
Washington, D.C. 20463

RE: JOEY MANAHAN FOR CONGRESS
ID #

Period _____ through _____

✓ Enclosed is the original and 1 copy(ies)

_____ Enclosed are two copies

of the following document for the above referenced Committee:

_____ FEC3 or FEC3X

✓ FEC1

_____ FEC5

✓ Please endorse one copy of the document as proof of receipt

_____ Please endorse this transmittal letter as proof of receipt

and return to us per ✓ the enclosed envelope or _____ via courier.

Sincerely,

OLSON, HAGEL & FISHBURN LLP

CAMPAIGN REPORTS DIVISION

Client No. 40382.01/bg

555 Capitol Mall, Suite 1425
Sacramento, California 95814
Phone: (916) 442-2952 Facsimile: (916) 442-1280

14031183639

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2014 FEB 12 PM 12:14
FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Joey Manahan for Congress

ADDRESS (number and street) P.O. Box 17130

☐ (Check if address is changed)

Honolulu | HI | 96817 -

CITY | STATE | ZIP CODE

14031183640

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

☐ (Check if address is changed) info@olsonhagel.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE 02 / 12 / 2014

3. FEC IDENTIFICATION NUMBER C

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 Fely Lei Ishii

Signature of Treasurer Ishii Date 02 / 12 / 2014

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)

5. TYPE OF COMMITTEE

Candidate 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 of Candidate: Joey Manahan

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: HI

District: 01

(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

14031183641

Write or Type Committee Name

Joey Manahan for Congress

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

None

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

14031183642

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: Diane Fishburn

Mailing Address: 555 Capitol Mall, Suite 1425

Sacramento | CA | 95814

CITY STATE ZIP CODE

Title or Position: Custodian of Records

Telephone number: 916 - 442 - 2952

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: Fely Lei Ishii

Mailing Address: 571 California Avenue

Wahiawa | HI | 96786

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 808 - 342 - 6259

Full Name of Designated Agent: None

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

14031836643

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.: Wells Fargo Bank

Mailing Address: 420 Montgomery

CITY: San Francisco STATE: CA ZIP CODE: 94104

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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NICK MARKLEY
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OLSON, HAGEL, & FISHBURN
555 CAPITOL MALL, SUITE 1425
SACRAMENTO CA 95814

0.0 LBS LTR 1 OF 1

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Federal Election Commission
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(8/2013)

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