| FEC FORM 1 | | | TEME GANIZ | | - | | RECEI IL AUG 26 | PM 12: 45 |
|---|--|---------------------------|----------------------|-------|--|-------------------|--------------------|-----------------------|
| 1. NAME OF COMMITTEE (ir | n full) | | ck if name anged) | | nple:If typing, type the lines. | | | |
| Hawaii Pol | litical A | ction C | ommit | tee | | | | |
| ADDRESS (number a | ddress | 600 Pe Ste 21 Washi | 0 | /ania | | | 20003 | <u> </u> |
| | | | | CITY | | STATE | ZI | P CODE |
| COMMITTEE'S E-MA | address ad) 3 PAGE ADDI address | zamoi | | | ress) pliance.con |] | | |
| 2. DATE | 3 (21 CATION NU |) ' 201 MBER | 4 <u>)</u> C | | · · | <u>). I (</u>]. | - <u></u> | |
| 4. IS THIS STATE | | NEW (N) | OR | | AMENDED (A) | | | <u> </u> |
| I certify that I have Type or Print Name | | | and to the be | | nowledge and belief i | t is true, cor | rect and compl | ete. |
| Signature of Treasur | er | And | AK2 | qu | lun | Date | <u>)8</u>]/21 | 2014 |
| NOTE: Submission of | | - | | - | ect the person signing | | - | es of 2 U.S.C. §437g. |
| Office Use Only | | | | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | | FORM 1 ed 02/2009) |

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| I | F | EC For | I (Revised 02/2009) Page 2 | | |
| 5. | | | OMMITTEE | | |
| | | didate | 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 Candi | | | | |
| | Candi Party | idate Affiliatio | on Office Senate President State District District | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| | Name Candi | | | | |
| | Part | y Com | imittee: | | |
| | (d) | | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party. | | |
| | Polit | tical A | ction 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) | \times | 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.) | | |
| | Join | t Fund | Iraising 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. | | | |
| | | 2. | FEC ID number | | |
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| FEC Form 1 (Revised 0 | 2/2009) | Page 3 |
| Write or Type Committee Name | | |
| | Action Committee | |
| | rganization, Affiliated Committee, Joint Fundraising Representative, | or Leadership PAC Sponsor |
| Drian Cohotz | | |
| BrianSchatz | | |
| | | |
| Mailing Address | PO Box 3828 | |
| | | |
| | | 96812 - |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representa | tive Leadership PAC Sponsor |
| 7. Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the pe | erson in possession of committee |
| Judith | Zamore | |
| Full Name | 1600 Pennsylvania Ave SE | |
| Mailing Address | | <u>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</u> |
| | Ste 210 | |
| | Washington | 20003 |
| Title or Position | CITY STATE | ZIP CODE |
| Treașurer | _i_i_i_i_i_i Telephone number 20 | 25446960 |
| 8. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; assistant treasurer). | and the name and address of |
| Full Name of Treasurer | | |
| Mailing Address | 600 Pennsylvania Ave SE | |
| | Ste 210 | |
| | Į₩ashington DC | 20003 - |
| Title or Desition | CITY STATE | ZIP CODE |
| Title or Position | Telephone number | 025446960 |
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| - | FEC For | m 1 (Revised 02/2009) | Page 4 | | | | | |
| | Full Name of Designated Agent | Marissa Burik | issa Burik | | | | | |
| | Mailing Address | 600 Pennsylvania Ave SE | | | | | | |
| | | Ste 210 | | | | | | |
| | | Waşhington CITY STATE | | | | | | |
| | Title or Position Assistant T | | 446960 | | | | | |
| 9. | Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | | | | |
| | Mailing Address | Citibank | | | | | | |
| | - J | | | | | | | |
| | | Washington [20003 | | | | | | |
| | | CITY STATE | ZIP CODE | | | | | |
| | Name of Bank, | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | | |
| | Mailing Address | 5 | | | | | | |
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| | | CITY STATE | ZIP CODE | | | | | |

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