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FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2013 NOV -5 AM 8: 21

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	FEC MAIL CENTER							
DO NN NA MERCI	A, D, O, I, K, L, M, IF IO I	RI CONGRES	<u> </u>								
			<u> </u>								
ADDRESS (number and street)	P O B O X 24	913111111	<u> </u>								
(Check if address is changed)											
	CITY A		HI STATE A	ZIP CODE A							
COMMITTEE'S E-MAIL ADDRES	SS		•								
(Check if address is changed)	D,O,N,N,A, MER	C <sub>I</sub> A <sub>I</sub> D <sub>I</sub> O <sub>I</sub> K <sub>I</sub> I M @G	$M_1A_1I_1L_1.$	OM							
	Optional Second E-Mail Add										
COMMITTEE'S WEB PAGE ADD  (Check if address is changed)		C <sub>1</sub> A <sub>1</sub> D <sub>1</sub> O <sub>1</sub> K <sub>1</sub> I M <sub>1</sub> . <sub>1</sub> C	JO <sub>1</sub> M <sub>1</sub>								
M M / D											
2. DATE 11 00	1 2013										
3. FEC IDENTIFICATION NU	JMBER ► C										
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)									
I certify that I have examined th	is Statement and to the best	of my knowledge and belief i	is true, correct a	nd complete.							
Type or Print Name of Treasure	LYNNE AKI-STEE	ILE,									
Signature of Treasurer	mulle	Sur	Date 1 0	3 0 2 0 1 3							
NOTE: Submission of false, errore		may subject the person signing ON SHOULD BE REPORTED V		ne penalties 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		FEC FORM 1 (Revised 06/2012)							

5.

		OMMITTEE  Committee:								
(a)	<b>X</b> .	This committee is a principal campaign committee. (Complete the candidate information below	<i>t</i> .)							
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate							
Name Candi	- ·	$[D_{i}O_{j}N_{i}N_{j}A_{i}], M_{i} \in R_{i}C_{i}A_{j}D_{i}O_{i}], K_{i}I_{j}M_{i}], I_{i}I_{i}I_{i}I_{i}I_{i}I_{i}I_{i}I_{i}$								
Candid Party	date Affiliatio	DEM Office n DEM Sought: X House Senate President	State H I							
•			District 0 1							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name Candid										
Party	/ Com	mittee:								
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.							
Politi	ical A	etion Committee (PAC):	-							
(8)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control of the connected organization on line 6.)	onnected organization is a:							
		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 committee. (i.e., nonconnected committee)	segregated fund or party							
		In addition, this committee is a Lobbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
Joint	Fund	raising Representative:								
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a foderal pandidate								
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political							
	Com	nittees Participating in Joint Fundraisor								
	1.	FEC ID number C								
	2.	FEC ID number C								
	3.	FEC ID number C								
	4.									

Write or Type Committee Name

DONNA MERCADO	IKIM FOR CONGRESS												
6. Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative,	or Leadership PAC Sponsor										
<u> </u>													
Mailing Address													
			L										
	CITY	STATE	ZIP CODE										
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor													
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.													
Full Name LY N	$I_iN_iE_i$ , $S_i$ , $A_iK_iI_i-S_iT_iE_iE_iL_i$	<u> </u>	<u>:                                    </u>										
Mailing Address	$[\begin{array}{cccccccccccccccccccccccccccccccccccc$	[4,4,9,5, A,U,K,A,I, S,T,•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
		<u> </u>	<u> </u>										
	HONOLUL U	HI	9.68;16   - [ , , , ]										
Title or Position	CITY	STATE	ZIP CODE										
T REAS URER	<b>.</b>	Tolophone gumber											
		Telephone number											
<ol> <li>Treasurer: List the name a any designated agent (e.g.,</li> </ol>	and address (phone number optional) of the continuation of the	he treasurer of the committee	and the name and address of										
Full Name LYN	N,E, S, A,K,I-S,TE,E,L	B											
Mailing Address	4, 49, 5 ; A; U, K; A; I ; SIT.	<u>.                                     </u>	<u> </u>										
	HO, N, O, L, U L, U	H.I	[9,6,8,1,6]-[										
Title or Position	CITY	STATE	ZIP CODE										
] TR,E, A, S,U,R,E,R	<u> </u>	Telephone number											

Page 4

96819-

ZIP CODE

HI

STATE

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

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Mailing Address		L	1	Ĺ					 	1	1		 		ــــاــــ	 					1				1			L				<u>.                                    </u>	1
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CITY

HONOLULI HI 967

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2013 NOV -5 FEC MAIL CENTER

> Federal Election Commission 999E. Street, N.W. Washington, DC 20463

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For Congress P. O. Box 2493 • Honolulu, HI 96804

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