

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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Office Use Only

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

D O N N A M E R C A D O K I M F O R C O N G R E S S

ADDRESS (number and street) P O B O X 2 4 9 3

(Check if address is changed)

H O N O L U L U H I 9 6 8 0 4
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

D O N N A M E R C A D O K I M @ G M A I L . C O M

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

D O N N A M E R C A D O K I M . C O M

2. DATE 11 / 01 / 2013

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 LYNNE AKI-STEELE

Signature of Treasurer

Date 10 / 30 / 2013

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.

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

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

DONNA MERCADO KIM FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

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

LYNNE S AKI-STEEL

Mailing Address

4495 AUKAI ST.

HONOLULU

HI

96816

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

LYNNE S AKI-STEEL

Mailing Address

4495 AUKAI ST.

HONOLULU

HI

96816

Title or Position

CITY

STATE

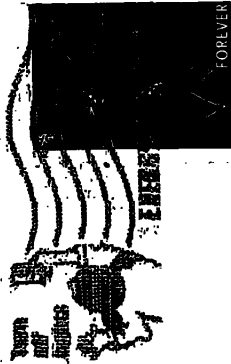
ZIP CODE

TREASURER

Telephone number

20100114918

2013年11月5日



HONOLULU HI 967

30 OCT 2013 PM 2 L



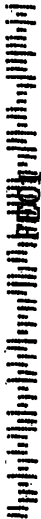
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FEC MAIL CENTER

Federal Election Commission
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Washington, DC 20463



20463

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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER
 (8/2013)

11/5/13
 DATE PREPARED