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**Committee Name:** 

HAWAII REPUBLICAN TRUST FUND

If registered, FEC ID:

Today's Date:

11/08/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

**JERRY MCKENDY** 

en of Karly

, Treasurer

FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 4	OPM 1 ORGANIZATION		1 -	0,2,101	• 1111	166 6.7		
FORM 1				·		FEC. AA	JL, CEP	STER
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: over the	If typing, type lines.	12FE4M	5		
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(Check if address is changed)		MIAMI BEAC	<b>H</b>		FL	3323	9 -	
			CITY		STATE	Z	IP CODE	
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is change	,			<del>                                     </del>				
2. DATE 11	l <sup>a</sup> ′ 8	" ′ <b>2012</b> ′						
3. FEC IDENTIFIC	CATION N	JMBER C						
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)				
I certify that I have	examined th	nis Statement and to the bes	st of my know	ledge and belief it	t is true, corre	ect and comp	lete.	
Type or Print Name	of Treasure	JERRY MC	KENDY					
Signature of Treasur	er	Down MCKe	ndez		Date 1	1°′08	ر ' <b>Ž</b> C	)'1Ž
NOTE: Submission of		eaus, or incompletenintoimation ANY CHANGE IN INFORMAT					es of 2 U.S	i.C. §437g.
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FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nan	ne	
HAWAII REPUI	BLICAN TRUST FUND	
6. Name of Any Commected	Organization, Affiliated Committee, Joint Puridralsing Representative, or Lead	dership PAC Sponsor
NONETITI		
	<u> </u>	
Mailing Address		
		1 1
	CITY STATE	ZIP CODE
		7
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in	possession of committee
Full Name	RY MCKENDY	
	iP. O. BOX 398716	
Mailing Address		<del></del>
	MIAMI BEACH	<b>3239</b>
	IVITAIVII DEACH	239  -   -   -   -   -   -   -   -   -   -
Title or Position	CITY STATE	ZIP CODE
ıCFO	Telephone number   305   -	_ 761,  _ 5546 ,
	Telephone number	- [ - [ - [ - [ - ] - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ] - [ - ]
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name of Treasurer  JERI	RY MCKENDY	
	ıP. O. BOX 398716	
Mailing Address	1	
	MIAMI BEACH	239 .  _
	CITY STATE	ZIP CODE
Title or Position	Telephone number   305   -	.  761,  _ 5546
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Full Name of Designated	1			
Agent	1	<del></del>		<del></del>
Mailing Address				
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Title or Position				
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