

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
14 JUL 30 PM 2:13
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Cam Cavasso for U.S. Senate

ADDRESS (number and street)

41-530 Waikupanaha Street

(Check if address
is changed)

Waimanalo

HI

96795

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

sahn@camcavasso.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.camcavasso.com

2. DATE

07 / 24 / 2014

3. FEC IDENTIFICATION NUMBER

C00405852

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

Raynette K. Nicholson

Signature of Treasurer

Date

07 / 24 / 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)

14020650012

5. TYPE OF COMMITTEE

Candidate 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 of Candidate **Campbell Cavasso**

Candidate Party Affiliation Office Sought: House Senate President State District

- (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.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
2.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
3.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
4.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>

14020650013

Write or Type Committee Name

Cam Cavasso for U.S. Senate

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

none

Mailing Address

Grid for mailing address with fields for CITY, STATE, and 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

Grid for full name.

Mailing Address

Grid for mailing address with fields for CITY, STATE, and ZIP CODE.

Title or Position

CITY

STATE

ZIP CODE

Grid for title or position.

Telephone number

Grid for 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

Raynette K. Nicholson

Mailing Address

92 N. Kainalu Dr

Kailua

CITY

HI

STATE

96734

ZIP CODE

Title or Position

Treasurer

Telephone number

808 - 381 - 0332

14020650014

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. 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.

Bank of Hawaii

[Grid for Name of Bank, Depository, etc.]

Mailing Address

1441 Kapiolani Blvd

[Empty grid for Mailing Address line 2]

Honolulu HI 96814

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

14020650015

140 2003 8016
Post Office

Post Office

DATE: JUL 14
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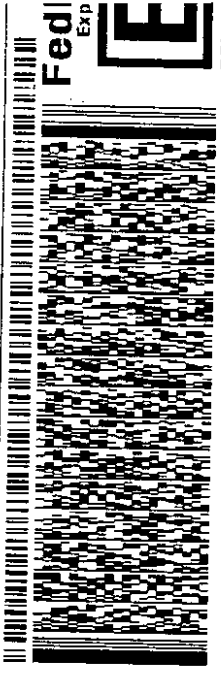
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WASHINGTON DC 20510

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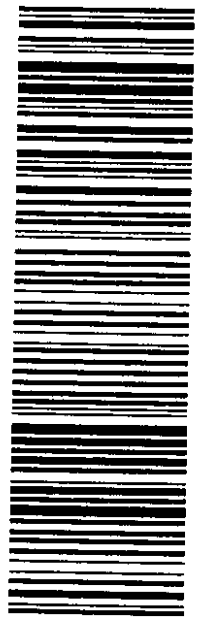
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JUL 28 2014 DC-US 1/1



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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HATE OFFICE
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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Postmark

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FEDERAL EXPRESS	7-24-14	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DBL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

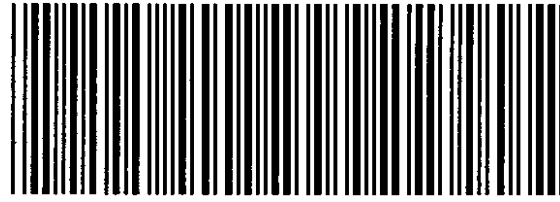
POSTMARK ILLEGIBLE NO POSTMARK

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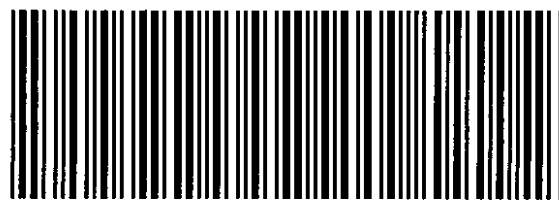
OTHER _____
Date of Receipt or Postmark

PREPARED BY **DH** DATE PREPARED **7-30-14**

14020650017



SEN PATCH



SEN PATCH

14020650018