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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

NESTOR FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 970635

(Check if address is changed)

WAIPAHU HI 96797-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nestor4congress@gmail.com

mandcompanyhi@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

808-688-9014

2. DATE 06 20 2006

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT [X] 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 ALBI MATEO

Signature of Treasurer

Date 06 22 2006

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 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: NESTOR RALPH GARCIA

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: HI

District: 2

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

(e) [ ] This committee is a separate segregated fund.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

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: ALBI MATEO

Mailing Address: PO BOX 970635

WAIPAHU | HI | 96797 -

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 808 - 688 - 9099

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: ALBI MATEO

Mailing Address: PO BOX 970635

WAIPAHU | HI | 96797 -

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 808 - 688 - 9099

Full Name of Designated Agent: ROBERT TONG, SR.

Mailing Address: 92-616 MAKAKILO DRIVE

KAPOLEI | HI | 96707 -

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CAMPAIGN MANAGER | Telephone number - -

26039039

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.

CENTRAL PACIFIC BANK

Mailing Address 680 KAMOKILA BLVD

KAPOLEI BRANCH

KAPOLEI | HI | 96707 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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[signature]
PREPARER

6/28/06
DATE PREPARED

(3/2005)

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