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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the line.

12FB4M5

Colleen For Congress

ADDRESS (number and street)

1157 Fort Street Mall

(Check if address
is changed)

Honolulu

HI

96813

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

colleenforcongress@hawaii.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.colleenforcongress.com

2. DATE 10 05 2002

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 Dean Choy

Signature of Treasurer

Dean Choy

Date 10 05 2002

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 30 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 866-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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

Colleen Hanabusa

Candidate
Party Affiliation

DEM

Office
Sought:☒

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

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

Colleen For Congress

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 Dean Choy

Mailing Address 1157 Fort Street Mall

Honolulu HI 96813

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 808 - 538 - 0588

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 Dean Choy

Mailing Address 1157 Fort Street Mall

Honolulu HI 96813

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 808 - 538 - 0588

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

Central Pacific Bank

Mailing Address

220 S. King St.

Honolulu

HI

96813

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐ Hand Delivered	Date of Receipt
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