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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee to elect Brian Evans to the US Congress 160 Keonekai Road ADDRESS (number and street) Suite 25-104 (Check if address is changed) Kihei 96753 HI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS belasvegas@yahoo.com (Check if address is changed) Optional Second E-Mail Address belasvegas@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.brianevans.com (Check if address is changed) DATE 2018 C00671008 FEC IDENTIFICATION NUMBER > 3. X 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. Biltz, Mark, , , Type or Print Name of Treasurer Biltz, Mark, , , [Electronically Filed] 04 06 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

F	EC <b>Fo</b>	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE  Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	of.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Cand		Evans, Brian, , ,	
Cand Party	idate Affiliati	on DEM Office Sought: House Senate President	State HI District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:  (National, State	Democratic,
(d)			epublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

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Write or Type Committe	e Name	
Committee	to elect Brian Evans to the US Cong	gress
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representation	entative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Re	epresentative Leadership PAC Sponsor
7. Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position	of the person in possession of committee
	ltz, Mark, , ,	
Full Name	52 Waiapo Street	
Mailing Address		
	, Kihei	HI , 96753
Title or Position	CITY	TATE ZIP CODE
Campaign Manager	Telephone numbe	r 808 - 385 - 5477
	ame and address (phone number optional) of the treasurer of the cott (e.g., assistant treasurer).	mmittee; and the name and address of
Full Name Bilt of Treasurer	tz, Mark, , ,	
Mailing Address	52 Waiapo Street	
	Kihei	HI 96753
Title or Position	CITY SI	TATE ZIP CODE
Campaign Manager	Telephone number	808 - 385 - 5477

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	o.as accounts, forts
Name of Bank, I	Depository, etc.  Bank of Hawaii  P.O. Box 2900	
Name of Bank, I	Bank of Hawaii	
	Bank of Hawaii	5 1
	Bank of Hawaii P.O. Box 2900	ZIP CODE
	P.O. Box 2900  Honolulu  CITY  STATE	
Mailing Address	P.O. Box 2900  Honolulu  CITY  STATE	ZIP CODE
Mailing Address	P.O. Box 2900  Honolulu  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, I	P.O. Box 2900  Honolulu  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, I	P.O. Box 2900  Honolulu  CITY  STATE	ZIP CODE