

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEDERAL
OPERATIONS CENTER

NOV 29 A 10 12
Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

FRIENDS OF MATT MATSUZAKA - CONGRESS

ADDRESS (number and street) 1356 Kaminska Drive

(Check if address is changed)

Honolulu HI 96816
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

friends@mattmatsuzaka.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mattmatsuzaka.com

2. DATE 11 20 2002

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 Calvin Chuck Ching

Signature of Treasurer *Calvin Chuck Ching* Date 11 22 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 10 DAYS.

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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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

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 **TREASURER**

Mailing Address

Title or Position CITY STATE ZIP CODE

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 **CALVIN CHUCK GHING**

Mailing Address **1011 Prospect Street No. 602**

Honolulu HI 96822

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number **808-523-2851**

Full Name of Designated Agent **CARL JOHN SCHLACK, JR.**

Mailing Address **2422 Hopens Way**

Honolulu HI 96822

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number **808-988-0979**

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.

AMERICAN SAVINGS BANK

Mailing Address

BISHOP SQUARE BRANCH

180 South King Street

Honolulu HI 96813

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 11-22-02
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>fer</i>		<i>11-29-02</i>
PREPARER		DATE PREPARED