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10/20/2022 21 : 56

PAGE 1 / 5 -

STATEMENT	OF
ORGANIZATI	ON

FORM 1		ORGANIZ	ATION		
				0	Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Tokuda for	Hawai	i 			
ADDRESS (number a	nd street)	PO Box 792			
(Check if a is changed					
		Kaneohe │ │ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		HI 96 STATE ▲	3744 [] ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRES	S			
(Check if a is changed		info@tokudaforhawaii.	com		
		Optional Second E-Mail Add compliance2@bluew	dress vavepolitics.com		
COMMITTEE'S WEB	ddress	RESS (URL)			
2. DATE 04		2022			
3. FEC IDENTIFIC	ation NU	MBER ► C co	00813758		
4. IS THIS STATEN	1ENT	NEW (N) OR	AMENDED (A)		
I certify that I have e	xamined thi	s Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of	of Treasurer	Chong, Dwight, Pono, ,			
Signature of Treasure	r <i>Chong,</i>	Dwight, Pono, ,	[Electronically Filed]	Date	/ D D / Y Y Y Y 20 2022
NOTE: Submission of	false, errone		may subject the person signing t FION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FE	EC Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(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 information below.)	candidate
	Name of Tokuda, Jill, N., , Candidate	
	Candidate Office	State HI
	Party Affiliation DEM Sought: K House Senate President	District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	<u> </u>
	Name of Candidate	
	Party Committee: (National, State (Democratic,	
	(d) This committee is a or subordinate) committee of the Republican, e	tc.) 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	anization
	Membership Organization Trade Association Cooperativ	e
	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 to committee. (i.e., nonconnected committee)	und or party

	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
(g)	This committee is an independent expenditure-only political committee (Super PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

Joint Fundraising Representative:

(i) 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.
(j) 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.
2.

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	FEC Form 1 (Revised 02/2009)	Page	e 3	
V	Vrite or Type Committee Name			
	Tokuda for Hawaii			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership HIRONO TOKUDA VICTORY	PAC	Spor	isor
	<u> </u>	<u> </u>		

Mailing Address	600 PENNSYLVANIA AVE		
	UNIT 15180		
			20003
	CITY 🔺	STATE A	ZIP CODE
Relationship: Connected	Organization Affiliated Organization	X 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.

Chong, Dw	ight, Pono, ,
Full Name	
Mailing Address	4547 Likini Street
	Honolulu
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 808 - 227 - 6456

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	Chong, Dwight, Pono, ,				
of Treasurer					
Mailing Address	4547 Likini Street				
	Honolulu HI 96818				
	CITY ▲ STATE ▲ ZIP CODE ▲				
Title or Position ▼					
	Image:				

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Haggard, Lora, , ,	
Mailing Address	122 C Street NW	
	Suite 360	
	Washington DC 20001	
Title on Decition -		ZIP CODE
Title or Position		443 _ 3308

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. 9.

Telephone number

Name of Bank, Depository, etc.

Ama	algamated Bank		1
Mailing Address	1825 K Street NW		
	Washington		06
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Deposito	ory, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participa	5(g) or (h).	Joint I	Fundraising	Participant
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2 FEC ID number		 	
2. FEC ID number	_	 	
3 FEC ID number			
4 FEC ID number C			

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

Mailing Address	PO BOX 65322			
				20035
Relationship:	CITY	A	STATE 🔺	ZIP CODE
Connected	Organization Affiliated Com	nmittee 🗴 Joint	Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	т	elephone 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.																														
Mailing Address																														
	L																													
																											- [
	CITY 🔺											STATE A ZI								ZIP	P CODE									