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FEC FORM 1	STATEME! ORGANIZA	ATION	RECTIVED CRETARY IF THE SE PUBLIC RECORDS	RECEIVEL  LG  OH  OH  OH  OH  OH  OH  OH  OH  OH  O	<b>-</b>
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typin over the lines.	g, type 12FE41	TEGMAIL CENTER	
ARTURO PA	CHECO REXES	FOR U	, S. SEHAT	E (HAWAII)	
ADDRESS (number and street)	194-1432 A	SAHULI,	STREET		Ш
(Check if address	1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ш
is changed)	WAIRAHU.		₩Z STATE A	767,971-1432 ZIP CODE A	<u>一</u>
COMMITTEE'S E-MAIL ADD		,			
(Check if address is changed)	arturappr	cyahoo	CaM	<u> </u>	<u>ا</u>
is changed)	Optional Second E-Mail Ad	•	<i>,</i>		
					با
COMMITTEE'S WEB PAGE /  (Check if address is changed)	http://fa	ge, 60,0,K	· com/at-	1972 90 n	 
) 2. DATE (27)	10 2014				
3. FEC IDENTIFICATION	NUMBER ▶ CC	)0,5,65,6,	0,6		
4. IS THIS STATEMENT	NEW (N) OR	AMEN	DED (A)		
I certify that I have examined	d this Statement and to the best	of my knowledge a	and belief it is true, corn	ect and complete.	
Type or Print Name of Treas	urer RAMON	PACH	ECO REY	ES	
Signature of Treasurer	for Tolky		Date	07 70 1207	Y
NOTE: Submission of false, en	roneous, or incomplete information ANY CHANGE IN INFORMAT				37g.
Office Use Only				FEC FORM 1 (Revised 06/2012)	

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*)	5.	TYPE OF CO					
		(a) X	This committee is a principal ca	ımpaign committee. (Co	omplete the candidate info	ormation below.)	
		(b)	This committee is an authorized information below.)	i committee, and is NC	T a principal campaign c	ommittee. (Complete	the candidate
		Name of Candidate	AKTURO PA	CHECO RE	TYES		
		Candidate Party Affiliation	Office Soug		X Senate	President	State District
		(c)	This committee supports/oppose	es only one candidate,	and is NOT an authorized	d committee.	
		Name of Candidate	NOT APPUTE	748 45			
		Party Comi	nittee:	_			
		(d)	This committee is a	(National, Sta or subordinate	te e) committee of the	,	ocratic, blican, etc.) Party.
		Political Ac	tion Committee (PAC):	(NONE)			
		(e)	This committee is a separate se	egregated fund. (Identif	connected organization of	on line 6.) Its connecte	ed organization is a:
			Corporation	Cor	poration w/o Capital Stoc	k Lab	or Organization
			Membership Organization	on Trac	de Association	Cod	perative
			In addition, this o	ommittee is a Lobbyist/	Registrant PAC.		
		(f)	This committee supports/oppose committee. (i.e., nonconnected committee.)		eral candidate, and is NO	T a separate segrega	ated fund or party
			In addition, this committee	e is a Lobbyist/Registra	nt PAC.		
			In addition, this committee	e is a Leadership PAC.	(Identify sponsor on line 6	.)	
		Joint Fundr	aising Representative: (	(NONE)	· ·		
			This committee collects contributi committees/organizations, at leas				more political
			This committee collects contribute committees/organizations, none of the committees of the committees of the committees of the committees of the committee collects are considered as a committee collects contributed as a				nore political
l		Comm	ittees Participating in Joint F	undraiser			
 		1.	NOT APPLIA	1945	FEC ID num	ber C A A	
		2.			FEC ID num	ber C	
)   		3.			FEC ID num	ber C	
•							

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na	me	
NONE		
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Repres	entative, or Leadership PAC Sponsor
MOME		
Mailing Address	W/A	
	CITY	STATE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Re	epresentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: I books and records.</li> </ol>	dentify by name, address (phone number optional) and position	of the person in possession of committee
Full Name A	4RO PACHECO REYES	
Mailing Address	194-1432 KAHULI STREE	<u> </u>
	WAIPAHU	HA 196797-14327
Title or Position	CITY ST	TATE ZIP CODE
	Telephone number	r
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the con, assistant treasurer).	mmittee; and the name and address of
Full Name of Treasurer	ION PACHECO REYES	
Mailing Address	C/0 94-1432 KAHULI ST	TREET
	CITY ST	47 967,9,7,-143,27 zip code
Title or Position TREASURE	Telephone number	8681-4891-6477

8081-14891-16477

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			Page <b>4</b>
Full Name of Designated Agent	TURO PACHECO REYE	<u>S</u>	1 1 1 1 1 1 1
Mailing Address	94-43R KAHULI		<u> </u>
		<u></u>	
	WAT A HU CITY	STATE	2 ZIP CODE
Title or Position	F ASST. TRAIL	elephone number	8-1741-1191
Ranks or Other Denos	situation List all bombo as ather deposits in this		
safety deposit boxes or Name of Bank, Deposite		n the committee deposits tu	nds, holds accounts, rents
NA	IVY FERERAL CREPIT	UNION/CH	FECKING,
Mailing Address	P.O. BX 3400		
		<u> </u>	
	MEKRIFIELD	···· YA	22119-340
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
NO	NELLIN		
Mailing Address	N/A		· · · · · · · · · · · · · · · · · · ·
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			l , , , , 1 <u>-</u> 1 , ,
		STATE	ZIP CODE
	CITY		

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MR. CHRISTOPHER WHYRICK
REPORT ANALYSIS PIVISION (R.A.D)
FEDERAL ELECTION COMMISSION 999 E. STREET, N.W.

MASHINGTON, De USA 20463

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## United States Senate

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PREPARER

MN DATE PREPARED 7/21/14

DANA C INCCALLUM **SUPERINTENDENT** HAR PATEDMEE

SUITE 232 WASHINETON, DEZOSTE-71

FHORE 12021 224-0122



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