

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAILCENTER

2021 MAY 15 AM 10:12
Office Use Only

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

12FE4M5

FRIENDS OF REYES (REYES FOR US SENATOR (R), HI)

ADDRESS (number and street) (Check if address
is changed) 94-1432 KAHULI STREET

WAIKIKI

CITY ▲

HI STATE ▲

96791

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed) arturomalgar804@yahoo.com

Optional Second E-Mail Address

arturomalgar804@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed) ARTURITO REYES FACEBOOK.COM

DOCARTIPACHECO REYES FACEBOOK.COM

2. DATE 05 / 06 / 2024

3. FEC IDENTIFICATION NUMBER ►

C

None assigned (New)
cm

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

MS. ZENAIDA A. REYES

Signature of Treasurer

zenaida A. Reyes

Date

05 / 06 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate Committee:

(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 ARTURO P. REYESCandidate Party Affiliation REP

Office Sought:

 House

U.S. SENATE

 Senate PresidentState HIDistrict

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate ARTURO P. REYES**Party Committee:**

(d) This committee is a (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party

Political Action Committee (PAC): (NOT APPLICABLE)

(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 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 segregated fund or party committee. (i.e., nonconnected committee)

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).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative: (NOT APPLICABLE)

(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. NA

2. NA

C	N	A
C	N	A

Write or Type Committee Name

N/A

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

NO ME

Mailing Address

N/A

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Full Name

N/A

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TVA

Telephone number

N/A - - - -

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

ZENAIADA A. REYES

Mailing Address

FRIENDS OF REYES (REYES FOR US, SEN

ATOR (R) 94-1432 KAHULI STREET

WAIKALI

HI

96797- - -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

808-206-2599

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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.

NONE (CANDIDATE REYES IS NOT ACCEPTING

Mailing Address

N/A ANY DONATIONS) CANDIDATE IS THE

SOLE DONOR/CONTIBUTOR

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

NONE

Mailing Address

NONE

CITY ▲

STATE ▲

ZIP CODE ▲



RECEIVED
FEC MAIL CENTER

2021 MAY 15 AM10:12

HONOLULU POST OFFICE 96808

TUE 07 MAY 2024 104

REVIEW & RETEST FOR U.S. SENATE
Friends of Roger
1-1432 15th and M St., Washington, D.C. 20463

FEDERAL ELECTORAL COMMISSION

1050 FIRST STREET, N.E.
Washington, DC 20463

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC 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"/> USPS First Class Mail	Date of Receipt <i>05-28-2024</i>	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
<i>Bev</i> PREPARER (4/2023)	<i>05-28-2024</i> DATE PREPARED	