Image# 1	1931815349)
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Colleen For Co	ongress	
ADDRESS (number and s	treet)	
(Check if address is changed)	Suite 1005 Honolulu	 HI96814
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) iosaki@hawaiiantel.net I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I <td< td=""><td></td></td<>	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0 7	/ D D / Y Y Y 01 / 2011	
3. FEC IDENTIFICA	TION NUMBER C C00421339	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer George S. Yamamoto	
Signature of Treasurer	Electronically Filed by George S. Yamamoto	Date 07 / 11 / Y Y Y Y 0 7 / 11
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

Image# 11931815350

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE (Check One)	
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 information below.)	the candidate
Name of Candidate	Ms Colleen Hanabusa	
Candidate Party Affilia	tion Office X House Senate President	State HI District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Part
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock	abor 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 segregate committee. (i.e., nonconnected committee)	ed 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.)	
Joint Fund	aising 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
Со	nmittees Participating in Joint Fundraiser	
	1 FEC ID number	
	2 FEC ID number	
	3 FEC ID number	
	4.	

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

Colleen For Congress

NONE			
Mailing Address			
	СІТУ	STATE 🛦	ZIP CODE 🔺
Relationship:			
Connected Organization	Affiliated Committee J	oint Fundraising Representative	Leadership PAC Sponsor
possession of Committee	ntify by name, address, (phone numb books and records. • S. Yamamoto	per optional), and position of th	e person in
Mailing Address	92-1539 Aliinui Drive,	Apt H	
5			
	Kapolei	HI	96707
Title or Position ▼	Kapolei		96707
Title or Position ▼ Treasurer		HI	
-		STATE A	
Treasurer Treasurer: List the name a		STATE A Telephone number <u>808</u> al) of the treasurer of the commit	ZIP CODE) - <u>536</u> - <u>3866</u>
Treasurer Treasurer: List the name a name and address of any Full Name	CITY A	STATE A Telephone number <u>808</u> al) of the treasurer of the commit	ZIP CODE) - <u>536</u> - <u>3866</u>
Treasurer: List the name a name and address of any	CITY A and address (phone number option designated agent (e.g., assistant trea	STATE A Telephone number 808 al) of the treasurer of the commit asurer).	ZIP CODE) - <u>536</u> - <u>3866</u>
Treasurer: List the name and address of any Full Name of Treasurer	CITY A and address (phone number option designated agent (e.g., assistant trea	STATE A Telephone number 808 al) of the treasurer of the commit asurer).	ZIP CODE) - <u>536</u> - <u>3866</u>
Treasurer: List the name and address of any Full Name of Treasurer	CITY A and address (phone number option designated agent (e.g., assistant trea e S. Yamamoto 92-1539 Aliinui Drive,	STATE A Telephone number <u>808</u> al) of the treasurer of the commit asurer).	ZIP CODE A - <u>536</u> - <u>3866</u> ttee; and the

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	
	Tele	ephone number –	
Banks or Other Deposi safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. entral Pacific Bank	committee deposits funds, hold	s accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	committee deposits funds, hold	s accounts, rents
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