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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

McDermott for Congress

ADDRESS (number and street) 3049 Wai'alea St., Ste. 1013

(Check if address is changed)

Honolulu HI 96819-1192

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

LAnderson@hawaii.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

3. FEC IDENTIFICATION NUMBER C

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 Larry L. Anderson

Signature of Treasurer *Larry L. Anderson* Date 06/15/2001

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 Robert McDermott

Candidate Party Affiliation REP Office Sought: House Senate President State HI District 2

- (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.

B. 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

McDermott for Congress

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 | Larry L. Anderson |

Mailing Address | P.O. Box 31229 |

| |

| Honolulu | HI | 96820 |

Title or Position | CITY | STATE | ZIP CODE

| Treasurer | Telephone number | 808 | - | 836 | - | 1040 |

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 | Larry L. Anderson |

Mailing Address | P.O. Box 31229 |

| |

| Honolulu | HI | 96820 |

Title or Position | CITY | STATE | ZIP CODE

| | Telephone number | 808 | - | 836 | - | 1040 |

Full Name of Designated Agent | |

Mailing Address | |

| |

| | | |

Title or Position | CITY | STATE | ZIP CODE

| | 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.

Bank of Hawaii

Mailing Address

98-211 Pali Momi, St.

Aiea

HI

95701

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

Federal Election Commission

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FOR INCOMING DOCUMENTS**

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