



Mike Gabbard for Congress

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FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

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October 16, 2000

Federal Election Commission
999 E Street, NW
Washington, DC 20463

ATTENTION: MATT KERN, REPORTS ANALYSIS

COMMITTEE: MIKE GABBARD FOR CONGRESS
FEC ID #: C00357749
SUBJECT: NOTICE OF RESIGNATION BY TREASURER

I, E.D. CHEELEY, am resigning as Treasurer of the MIKE GABBARD FOR CONGRESS campaign committee, and advise that ANYA F. ANTHONY is going to be the active Treasurer for the campaign committee from now on.

Signed: *E.D. Cheeley*
E.D. CHEELEY (resigning Treasurer)

Date: 10/18/00

Signed: *A.F. Anthony*
A.F. ANTHONY (new Treasurer)

Date: 10-16-00

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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OCT 23 3 41 PM '00

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>Mike Gabbard for Congress</i>	2. DATE <i>10-16-00</i>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <i>P.O. Box 27004</i>	3. FEC Identification Number <i>C00357749</i>
(c) City, State and ZIP Code <i>Honolulu, HI 96827</i>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<i>N/A</i>		

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
<i>Anya F. Anthony</i>	<i>P.O. Box 1833, Kailua, HI 96734</i>	<i>Treasurer</i>

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	Mailing Address	Title or Position
<i>Anya F. Anthony</i>	<i>P.O. Box 1833, Kailua, HI 96734</i>	<i>Treasurer</i>

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 and ZIP Code
<i>First Hawaiian Bank</i>	<i>Main Branch #01, 999 Bishop St., Honolulu, HI 96813</i>
<i>American Savings Bank</i>	<i>180 S. King Street, Honolulu, HI 96813</i>

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 <i>A. F. Anthony</i>	SIGNATURE OF TREASURER 	DATE <i>10-16-00</i>
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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.

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

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FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has 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"/> First Class Mail	POSTMARKED 10-19-08
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
J.G. PREPARER	10-23-08 DATE PREPARED