48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL
Tokuda for Hawaii

ADDRESS (number and street) PO BOX 792

CITY	STATE	ZIP CODE
KANEOHE	HI	96744

2. NAME OF CANDIDATE
Tokuda, Jill, , ,

3. OFFICE SOUGHT (State and District)
House HI 02

4. FEC IDENTIFICATION NUMBER
C00813758

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

	Name of Employer	Date (month, day, year)	Amount
A. FULL NAME AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE **MAILING ADDRESS** 25 Massachusetts Ave NW Ste 600 **CITY** Washington **STATE** DC **ZIP CODE** 20001-7400	**Transaction ID : 10356726** Occupation	07/22/2026	1000.00
B. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
Chong, Dwight Pono, , ,

DATE
07/24/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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FEC FORM 6
(Revised 03/2016)