

FEC FORM 1

STATEMENT OF ORGANIZATION

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2018 JUL -2 AM 9:38
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CAM CAVASSO 4 CONGRESS

ADDRESS (number and street)

41-530 WAIKUPANAHA STREET



(Check if address is changed)

WAIMANALO

CITY ▲

HI

STATE ▲

96795

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

sandree.ahn@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

camcavasso.com

2. DATE

06 / 06 / 2018

06

2018

3. FEC IDENTIFICATION NUMBER ►

C 00680876

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 Sandra Lee Ahn

Signature of Treasurer

Sandra Lee Ahn

Date

06 / 20 / 2018

20

2018

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 06/2012)

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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 CAMPBELL CAVASSO

Candidate Party Affiliation REP Office Sought: House Senate President State HI District 1

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

NON-ORIGINATING COMMITTEE

Write or Type Committee Name

CAM CAVASSO 4 CONGRESS

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

NONE

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

SANDRA LEE AHN

Mailing Address

45-409 PUA INIA ST

KANEOHE

HI

96744

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

808

561

6942

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

SANDRA LEE AHN

Mailing Address

45-409 PUA INIA STREET

KANEOHE

HI

96744

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

808

561

6942

201810702012001-1881

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

[Grid for Name of Bank, Depository, etc. - BANK OF HAWAII]

Mailing Address

[Grid for Mailing Address - KANEOHE BRANCH]

[Grid for Mailing Address - 45-1001, KAMEHAMEHA HWY]

[Grid for Mailing Address - KANEOHE, HI, 96744]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - Empty]

Mailing Address

[Grid for Mailing Address - Empty]

[Grid for Mailing Address - Empty]

[Grid for Mailing Address - Empty]

CITY

STATE

ZIP CODE

NOT FOR COMPLETION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL



7017 1450 0001 0112 9935

U.S. POSTAGE
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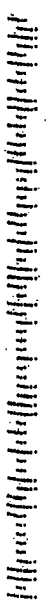
A Steersman for Hawaii
CAM CAVASSO

CAM CAVASSO 4 CONGRESS
P O Box 1010
Waimanalo, HI 96795

FEC 1
AMENDED

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

9679581010 8004



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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<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
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	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>mf</i> PREPARER	7-2-18 DATE PREPARED