

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL  
OPERATIONS CENTER

2006 JUN 15 A 10:57

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: if typing, type over the lines.

12FE4M5

FRIENDS FOR MEMOR

ADDRESS (number and street)

220 SOUTH KING STREET, STE 1770

(Check if address is changed)

HONOLULU

HI

96813

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

memorforcongress@hawaiiante1.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.hanmemor.com

COMMITTEE'S FAX NUMBER

808-524-7773

2. DATE

M M / D D / Y Y Y Y

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

AMADEO P. MANUEL

Signature of Treasurer

Date

06 05 2006

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.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-6530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

26039100502

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 RON MENDR

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State H 1 District D 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.

6. Name of Any Connected Organization or Affiliated Committee

NOT APPLICABLE

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26033100504

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

(NOTE: Treasurer will assume this responsibility in the near future.)

Full Name RON MENOR

Mailing Address 220 S. KING STREET, SUITE 1770

HONOLULU

HONOLULU HI 96813

Title or Position CITY STATE ZIP CODE

Telephone number

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 AMADIO P. MANUEL

Mailing Address P.O. BOX 344

KAHUKU

KAHUKU HI 96731

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 808-398-493

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039100305

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

P.O. BOX 2900

HONOLULU HI 96846-6000

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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*fel*  
 PREPARER  
 (3/2005)

*6/15/06*  
 DATE PREPARED

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