

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FEC MAIL ROOM

2008 JAN 31 A 11:30

Office Use Only

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

12FE4MS

Ruby Lona A New Vision for Americans 2008

ADDRESS (number and street)  
▼

P.O. Box 349000 K-287

(Check if address  
is changed)

Kailua

Hi 96734-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Ruby Lona A New Vision for Americans 2008

COMMITTEE'S WEB PAGE ADDRESS (URL)

[REDACTED]

COMMITTEE'S FAX NUMBER

[REDACTED]

2. DATE 01/16/2008

3. FEC IDENTIFICATION NUMBER ►

C [REDACTED]

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

Toni Trinidad Pollard

Signature of Treasurer

*Toni Trinidad Pollard*

Date

01/16/2008

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

FEC FORM 1  
(Revised 02/2003)

## 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

Ruby Ann Villalba Torres-Lona

Candidate Party Affiliation

Ind

Office Sought:

House

Senate

President

State  
District

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

Name of Candidate

Ruby Ann Villalba Torres-Lona

(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

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

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

Toni Trinidad Pollard

Mailing Address

P.O. Box 349000 K-287

Kailua HI

HI 96734-1

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

808-741-9543

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

Toni Trinidad Pollard

Mailing Address

P.O. Box 349000 K-287

Kailua

HI 96734-1

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

808-741-9543

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.

U.S.A. Federal Savings Bank

Mailing Address

110750 McDermott Freeway

San Antonio

TX 78284-8424

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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Delivery Confirmation™ or Signature Confirmation™ Label		<input type="checkbox"/>
<input type="checkbox"/>	USPS Express Mail	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
 PREPARER (3/2005)		 DATE PREPARED 1/31/08