FEC FORM 1		-		IT OF ATION				Offi	ce Use C		€ 1 / ·	4
1. NAME OF COMMITTEE (ir	n full)	(Check i is chang		Example:If over the line	typing, type ies.	1	2FE4	M5				
Our Hawaii	PAC								<u> </u>			
ADDRESS (number a	nd street)	150 Hamakua Dri	ve PMB #34	1								
(Check if a is changed	address											
	<i>(</i> L	Kailua					HI	9673	54 	_		
		CITY A				S			Z		DE 🔺	
COMMITTEE'S E-MA	AIL ADDRES	SS										
(Check if a is changed		evanlweber@	gmail.con	n 								
Ű	,	Optional Second	E-Mail Add	ress								
COMMITTEE'S WEB	address	DRESS (URL)	org 									
2. DATE 0	6 / D 17	D / Y Y Y 2022	Ŷ									
3. FEC IDENTIFIC	CATION NU	MBER 🕨	C co	0818492								
4. IS THIS STATE		NEW (N)	OR	×A	MENDED (A)						
I certify that I have e	examined th	is Statement and	to the best o	of my knowled	lge and belie	ef it is tr	ue, corr	rect and	complet	e.		
Type or Print Name	of Treasurer	Weber, Evan, Lo	uis, ,									
Signature of Treasure	er Weber,	Evan, Louis, ,		[Electro	nically Filed]	Dat	e	07	D D D	/ Y	ү 2022	Y Y
NOTE: Submission of	false, errone	ous, or incomplete ANY CHANGE IN				-			enalties	of 52 l	J.S.C.	§30109
Office Use Only				Federa Toll Fre	ther informatic Election Comr e 800-424-9530 02-694-1100	nission	t:	I	FEC I (Revise			

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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. (Complein information below.)	ete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Demonstrate) (d) This committee is a (Demonstrate) (Demonstrate)	ocratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
Membership Organization Trade Association	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) x This committee is a political committee with both contribution and non-contribution accounts (Hyb	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2.

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FEC Form	1 (Revised 02/2009)	Page 3
Write or Type Com	mittee Name	
	"	

Our Hawaii PAC

6.	Name of Any C NONE	Conr	nect	ed	Orę	gan	niza	atio	n, .	Affi	lia	ted	C	om	mi	ttee	ə, J	loi	nt I	Fui	ndr	ais	ing	j R	ері	res	en	tat	ive	e, o	r L	.ea	deı	rshi	ip	PAC	0 9	Spc	ons	or	
	Mailing Address																																								
																															L						- [
														СП	ΓY											S	STA	ΤE						Z	ΊP	СС	D	E 🖌			
	Relationship:	С	onn	ecte	ed C	Drga	aniz	zatio	on		A	ffilia	ate	d O)rga	ıniz	atic	n	C	1	Joii	nt F	un	dra	isin	g F	Rep	ores	sen	tativ	ve			Le	ad	ersł	nip	PA	C S	Spo	nsor

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

Weber, Eva	an, Louis, ,				
Full Name					
Mailing Address	1408 Mokolea Drive				
	Kailua			HI 96734	·
		CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼					
Treasurer			Telephone nu	umber 808 – [224 - 0644

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	Weber, Evan, Louis, ,
of Treasurer	
Mailing Address	1408 Mokolea Drive
	Kailua HI 96734 Image: Image in the second
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number 808 - 224 - 0644

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Full Name of Designated Agent													ĺ							ĺ						1	
Mailing Address																											
																								L			
									Cľ	ΤY						:	ST/	ΛTE			ZI	РC		ЭЕ			
Title or Position ▼																											
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.

Amalo	gamated Bank		1
Mailing Address	275 Seventh Ave		
	New York	NY 100	01
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository	; etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE