

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2022 NOV 12 16
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

F R I E N D S O F M A T T M A T S U N A G A - C O N G R E S S

ADDRESS (number and street)

1 1 8 8 8 K A L A K A U A A V E N U E # 1 7 0 3

Check if different than previously reported. (ACC)

H O N O L U L U H I 9 6 8 1 5 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 0 0 3 8 3 5 6 2

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

H I

0 2

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

0 4 / 0 1 / 2 0 2 2

through

0 6 / 3 0 / 2 0 2 2

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Calvin C. Ching

Signature of Treasurer

Calvin C. Ching

Date

0 7 / 1 5 / 2 0 2 2

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name **FRIENDS OF MATT MATSUNAGA - CONGRESS**

Report Covering the Period: From: **04** / **01** / **2022** To: **06** / **30** / **2022**

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 0 0 0 | 0 0 0 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0 0 0 | 0 0 0 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 0 0 0 | 0 0 0 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 0 0 0 | 0 0 0 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0 0 0 | 0 0 0 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 0 0 0 | 0 0 0 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 0 0 0 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0 0 0 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 9 8 9 0 9 9 7 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

| | | |
|--|-------|-------|
| 17. OPERATING EXPENDITURES..... | 0 0 0 | 0 0 0 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0 0 0 | 0 0 0 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0 0 0 | 0 0 0 |
| (b) Of All Other Loans..... | 0 0 0 | 0 0 0 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0 0 0 | 0 0 0 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0 0 0 | 0 0 0 |
| (b) Political Party Committees..... | 0 0 0 | 0 0 0 |
| (c) Other Political Committees (such as PACs)..... | 0 0 0 | 0 0 0 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0 0 0 | 0 0 0 |
| 21. OTHER DISBURSEMENTS..... | 0 0 0 | 0 0 0 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 0 0 0 | 0 0 0 |

III. CASH SUMMARY

| | |
|---|-------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0 0 0 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 0 0 0 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 0 0 0 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 0 0 0 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 0 0 0 |

NON-FUNCTIONAL DOCUMENT

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 5 OF 13 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) N/A | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| A. Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) N/A | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| B. Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) N/A | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| C. Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|---|--|
| SUBTOTAL of Receipts This Page (optional)..... | |
| TOTAL This Period (last page this line number only)..... | |

NON-FEDERAL CAMPAIGN

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 7 OF 13 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Hawaii Inc. | Nature of Debt (Purpose): Phone |
| Mailing Address P.O. Box 2200 | Transaction ID: LS0201200S8E58 |
| City State Zip Code Honolulu, Hawaii 96841 | |

| | | | |
|---|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period 4 3 8 1 | Amount Incurred This Period 0 0 0 | Payment This Period 0 0 0 | Outstanding Balance at Close of This Period 4 3 8 1 |
|---|---|-------------------------------------|---|

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Image Company | Nature of Debt (Purpose): Silk Screen T-Shirts |
| Mailing Address 720 Laukapu Street | Transaction ID: LS12232X1023E10 |
| City State Zip Code Hilo, Hawaii 96720- | |

| | | | |
|---|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period 5 4 0 6 3 | Amount Incurred This Period 0 0 0 | Payment This Period 0 0 0 | Outstanding Balance at Close of This Period 5 4 0 6 3 |
|---|---|-------------------------------------|---|

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Image Company | Nature of Debt (Purpose): Shirts & Banners |
| Mailing Address 720 Laukapu Street | Transaction ID: LS0203200539E57 |
| City State Zip Code Hilo, Hawaii 96720 | |

| | | | |
|---|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period 1 5 6 5 5 1 | Amount Incurred This Period 0 0 0 | Payment This Period 0 0 0 | Outstanding Balance at Close of This Period 1 5 6 5 5 1 |
|---|---|-------------------------------------|---|

| | |
|--|-----------------|
| 1) SUBTOTALS This Period This Page (optional) | 2,149.95 |
| 2) TOTALS This Period (last page this line number only) | 0 0 0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0 0 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 0 0 0 |

NON-FUNCTIONAL DOCUMENT

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

FRIENDS OF MATT MATSUNAGA - CONGRESS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NK Products, LLC. | Nature of Debt (Purpose): Signs |
| Mailing Address 944 Akepo Lane | Transaction ID: LS0201200S87E4S |
| City State Zip Code Honolulu, Hawaii 96817 | |

| | | | |
|---|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period 4 4 9 4 1 2 | Amount Incurred This Period 0 0 0 | Payment This Period 0 0 0 | Outstanding Balance at Close of This Period 4 4 9 4 1 2 |
|---|---|-------------------------------------|---|

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Digital Printers of HI | Nature of Debt (Purpose): Business Cards; Stickers; Signs |
| Mailing Address 28 Pookela Street | Transaction ID: LS020120037E54 |
| City State Zip Code Hilo, Hawaii 96720- | |

| | | | |
|---|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period 3 7 1 5 6 8 | Amount Incurred This Period 0 0 0 | Payment This Period 0 0 0 | Outstanding Balance at Close of This Period 3 7 1 5 6 8 |
|---|---|-------------------------------------|---|

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Digital Printers of HI | Nature of Debt (Purpose): Brochures & Bulkmailing |
| Mailing Address 28 Pookela Street | Transaction ID: LS122320023E7 |
| City State Zip Code Hilo, Hawaii 96720 | |

| | | | |
|---|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period 2 5 0 2 5 0 8 | Amount Incurred This Period 0 0 0 | Payment This Period 0 0 0 | Outstanding Balance at Close of This Period 2 5 0 2 5 0 8 |
|---|---|-------------------------------------|---|

| | |
|--|----------------------|
| 1) SUBTOTALS This Period This Page (optional) | 3 3 2 3 4 8 8 |
| 2) TOTALS This Period (last page this line number only) | 0 0 0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0 0 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 0 0 0 |

NON-PROFIT CORPORATION

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Digital Printers of HI

Nature of Debt (Purpose):

Business Cards

Mailing Address

28 Pookela Street

Transaction ID: LS1223002SE8

City State Zip Code

Hilo, Hawaii 96720

Outstanding Balance Beginning This Period

2,479.2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2,479.2

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pacific Image & Sign

Nature of Debt (Purpose):

Banners & Stickers

Mailing Address

720 Laukapu Street

Transaction ID: LS122320023E9

City State Zip Code

Hilo, Hawaii 96720-

Outstanding Balance Beginning This Period

7937.53

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7937.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Okina

Nature of Debt (Purpose):

Media Layout

Mailing Address

94-1263 Lumikule Street, Unit 21B

Transaction ID: LS020120037E50

City State Zip Code

Waipahu, Hawaii 96797

Outstanding Balance Beginning This Period

1,984.12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1,984.12

1) SUBTOTALS This Period This Page (optional)

1,016.957

2) TOTALS This Period (last page this line number only)

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00

NON-HIGHWAY BOARD

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

FRIENDS OF MATT MATSUNAGA - CONGRESS

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Savings Bank | | Nature of Debt (Purpose): Maintenance Fee |
| Mailing Address 1001 Bishop Street | | Transaction ID: LS71010.E163 |
| City | State Zip Code Honolulu, Hawaii 96813 | |

| | | | |
|--|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Amount Incurred This Period 5.67 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 5.67 |
|--|--|------------------------------------|--|

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Savings Bank | | Nature of Debt (Purpose): Maintenance Fee |
| Mailing Address 1001 Bishop Street | | Transaction ID: LS71010.E164 |
| City | State Zip Code Honolulu, Hawaii 96813- | |

| | | | |
|--|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Amount Incurred This Period 7.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 7.00 |
|--|--|------------------------------------|--|

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Savings Bank | | Nature of Debt (Purpose): Maintenance Fee |
| Mailing Address 1001 Bishop Street | | Transaction ID: LS71010.E165 |
| City | State Zip Code Honolulu, Hawaii 96813 | |

| | | | |
|--|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Amount Incurred This Period 7.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 7.00 |
|--|--|------------------------------------|--|

| | |
|--|--------------|
| 1) SUBTOTALS This Period This Page (optional) | 19.67 |
| 2) TOTALS This Period (last page this line number only) | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00 |

NON-FUNCTIONAL

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF MATT MATSUNAGA - CONGRESS

| | | |
|---|-------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joan Bennet & Associates, Inc. | | Nature of Debt (Purpose): Media Production |
| Mailing Address 3300-A Pacific Heights Road | | Transaction ID: LS0201200S7E49 |
| City State | Zip Code | |
| Honolulu, Hawaii | 96813 | |
| Outstanding Balance Beginning This Period 1,741,675 | | |
| Amount Incurred This Period 0,000 | Payment This Period 0,000 | Outstanding Balance at Close of This Period 1,741,675 |

| | | |
|--|-------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor QMark | | Nature of Debt (Purpose): Custom Packaging of Data |
| Mailing Address 1001 Bishop Street, American Savings Twr, Flr. 19 | | Transaction ID: LS020120037E51 |
| City State | Zip Code | |
| Honolulu, Hawaii | 96813 | |
| Outstanding Balance Beginning This Period 1,041,600 | | |
| Amount Incurred This Period 0,000 | Payment This Period 0,000 | Outstanding Balance at Close of This Period 1,041,600 |

| | | |
|---|-------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Harry Onouye | | Nature of Debt (Purpose): Supplies for Hilo Campaign Headquarters |
| Mailing Address 25 Lueini Street | | Transaction ID: LS020120057E52 |
| City State | Zip Code | |
| Hilo, Hawaii | 96720 | |
| Outstanding Balance Beginning This Period 1,073,580 | | |
| Amount Incurred This Period 0,000 | Payment This Period 0,000 | Outstanding Balance at Close of This Period 1,073,580 |

| | |
|---|------------------|
| 1) SUBTOTALS This Period This Page (optional) | 1,953,193 |
| 2) TOTALS This Period (last page this line number only) | 0,000 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0,000 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 0,000 |

UNIVERSITY MICROFILMS

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF MATT MATSUNAGA - CONGRESS

| | | |
|---|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor A1 Inoue | | Nature of Debt (Purpose): Supplies and Entertainment for Rally |
| Mailing Address 101 Aupuni Street, Suite 1001 | | Transaction ID: LS0201200S7E53 |
| City | State Zip Code Hilo, Hawaii 96720 | |

| | | | |
|---|-----------------|---------------------|---|
| Outstanding Balance Beginning This Period | | | |
| | 1,483.32 | | |
| Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 0.00 | 1,483.32 |

| | | |
|--|-------------------------------------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |

| | | | |
|---|--|---------------------|---|
| Outstanding Balance Beginning This Period | | | |
| Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period |

| | | |
|--|-------------------------------------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |

| | | | |
|---|--|---------------------|---|
| Outstanding Balance Beginning This Period | | | |
| Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period |

| | |
|---|-----------------|
| 1) SUBTOTALS This Period This Page (optional) | 1,483.32 |
| 2) TOTALS This Period (last page this line number only) | 9,890.97 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 0.00 |

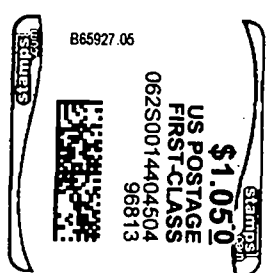
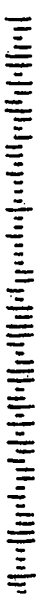
NON-HIGH-NOON

**SCHLACK ITO**
A LIMITED LIABILITY LAW COMPANY
Topa Financial Center
745 Fort Street, Suite 1500
Honolulu, Hawaii 96813
(MMMM)

RECEIVED
FEC MAIL CENTER

2022 NOV -6 PM 12:16


Federal Election Committee
999 E Street, NW
Washington, DC 20463



NONPROFIT CORPORATION

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.

| | |
|--|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked <i>N/A</i> Date of Receipt <i>11/04/2022</i> |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <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 |


 PREPARER
 (3/2015)

11/04/2022
 DATE PREPARED

NON-PROFIT ORGANIZATION