

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

HOUGH FOR CONGRESS

ADDRESS (number and street)

PO BOX 61633

(Check if address is changed)

HONOLULU HI 96822

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

GENERALINFORMATION@HOUGHFORCONGRESS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.HOUGHFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

202-536-5363

2. DATE

05 01 2006

3. FEC IDENTIFICATION NUMBER

C000416644

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

Richard Hough

Signature of Treasurer

[Handwritten Signature]

Date

05 01 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 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

26039071832

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 RICHARD ROUGH

Candidate Party Affiliation REP Office Sought:  House  Senate  President State HI District 01

- (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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

Hough for Congress

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 RICHARD HOWARTH

Mailing Address PO BOX 61633

HONOLULU HI 96822

Title or Position CITY STATE ZIP CODE

CUSTODIAN Telephone number 808-457-9257

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 RICHARD ALTHUR HOWARTH

Mailing Address PO BOX 61633

HONOLULU HI 96822

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 808-457-9257

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039071834

