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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Date (M/D/Y)

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the line.

12 FB4MS

DR. I. NAM RAHMAN FOR CONGRESS

ADDRESS (number and street)

11441 KAPLOLANI BLVD SUITE 2002B

(Check if address  
is changed)

HONOLULU

HONOLULU HI 96814

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INAMR@I.NAMRAHMANFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.I.NAMRAHMANFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

808-949-8303

2. DATE

06 25 2004

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

REYNA PADILIA RAHMAN

Signature of Treasurer

Date

07 06 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9533  
Local 202-461-1100

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

NAM RAHMAN

Candidate Party Affiliation

REP

Office Sought

House

Senate

President

State

HI

District

02

(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

FEC Form 1 (Revised 12/2003)

Write or Type Committee Name

DR INAM RAHMAN 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 AMELITA SELLOMA

Mailing Address 187-179 KULAAUPUNI STREET

WAIKANE HI 96792

Title or Position CITY STATE ZIP CODE

EXECUTIVE ASSISTANT Telephone number 808-696-5313

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 REYNA PADILLA RAHMAN

Mailing Address P.O. Box 15788

HONOLULU

HONOLULU HI 96830-15788

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 808-1381-6840

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.

BANK OF HAWAII

Mailing Address

1441 KAPOLANI BLVD

WALA MOANA BRANCH

HONOLULU HI 96814

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
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*HALD*  
 PREPARER  
 (5/2004)

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