

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (b) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Carroll 2000	2. DATE 05-17-00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1750 Kalakaua Avenue, #2904	3. FEC Identification Number
(c) City, State and ZIP Code Honolulu, Hawaii 96826	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SECRETARY OF THE SENATE
00 MAY 24 AM 9:46
H.D.

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 | Candidate Party Affiliation | Office Sought | State/District |
| John Stanley Carroll | Republican | U.S. Senate | Hawaii |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(Name of candidate)
- (d) This committee is a National committee of the Republican Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Christina M. Oshiro	1750 Kalakaua Ave., #2904 Hon., HI 96826	Asst. Treas.

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	Mailing Address	Title or Position
Brian K. Yomono	1750 Kalakaua Ave., #2904 Hon., HI 96826	Treasurer
Christina M. Oshiro	same as above	Asst. Treasurer

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.	Mailing Address and ZIP Code
American Savings Bank	1018 McCully Honolulu, Hawaii 96826

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	SIGNATURE OF TREASURER	DATE
Brian K. Yomono		5-18-00

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.

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

 HAND DELIVERED
Date of Receipt

 FAX (48-HOUR NOTICES)
Date of Receipt

 INSIDE MAIL
Date of Receipt

 RECEIVED FROM THE LEGISLATIVE RESOURCE
 CENTER
Date of Receipt

 RECEIVED FROM THE FEDERAL ELECTION
 COMMISSION
Date of Receipt

 FIRST CLASS MAIL 5/19/00
Postmarked

 REGISTERED/CERTIFIED MAIL
Postmarked

 NO POSTMARK POSTMARK ILLEGIBLE

 OTHER (Specify):
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
Postmark and/or Date of Receipt

 RD 5/24/00
Preparer Date Prepared