

13 JAN 22 PM 2:37

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

Linda Lingle Senate Committee

ADDRESS (number and street)

c/o 46-005 Kawa Street

Suite 308

(Check if address
is changed)

Kaneohe

HI

96744

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

kathi.thomason@ims-hawaii.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.lingle2012.com

2. DATE

01 / 14 / 2013

3. FEC IDENTIFICATION NUMBER

C 00504159

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

Katherine H Thomason

Signature of Treasurer

Date

01 / 14 / 2013

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 02/2009)

18020043995

5. 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. (Complete the candidate information below.)

Name of Candidate Linda Lingle

Candidate Party Affiliation REP Office Sought: House Senate President State HI District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

2020042006

Write or Type Committee Name

Linda Lingle Senate Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Berg Lingle Mandel Rehberg Victory Fund

Mailing Address

904 N Washington Street

Suite 700

Alexandria

VA

22314

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Katherine H. Thomason

Mailing Address

46-005 Kawa Street

Suite 308

Kaneohe

HI

96744

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

808

247

0676

130200A11007

Write or Type Committee Name

Linda Lingle Senate Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Lingle Victory Fund

c/o Keith A Davis, Treasurer

Mailing Address 228 S Washington Street

Suite 115

Alexandria VA 22314

CITY STATE ZIP CODE

Relationship: [] Connected Organization [] Affiliated Committee [X] Joint Fundraising Representative [] Leadership PAC Sponsor

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 Treasurer

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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 Katherine H. Thomason

Mailing Address 46-005 Kawa Street

Suite 308

Kaneohe HI 96744

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 808-247-0676

1502504398

Write or Type Committee Name

Linda Lingle Senate Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Lingle Mandel for a Senate Majority 2012

Mailing Address

228 S Washington Street

Suite 115

Alexandria

VA

22314

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Katherine H. Thomason

Mailing Address

46-005 Kawa Street

Suite 308

Kaneohe

HI

96744

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

808

247

0676

1 2 0 2 0 0 4 3 0 2 8

Full Name of Designated Agent

Brian P Hawkins

Mailing Address

46-005 Kawa Street

Suite 308

Kaneohe

CITY

HI

STATE

96744

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

808

247

0676

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

111 S. King Street

Honolulu

CITY

HI

STATE

96813

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13020044000



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United States Senate

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