

FEC
FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

2016 APR 29 AM 9:34
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Bank of Hawaii Corporation Special Political Education Committee

ADDRESS (number and street)

P.O. Box 2900

(Check if address is changed)

Honolulu

CITY ▲

HI

STATE ▲

96846

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Kevin.Sakamoto@boh.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N/A

2. DATE 04 27 2016

3. FEC IDENTIFICATION NUMBER C 00025668

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 Kevin J. Sakamoto

Signature of Treasurer *Kevin J. Sakamoto*

Date 04 27 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

NON-PROFIT ORGANIZATION

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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

NON-PROFIT ORGANIZATION

Write or Type Committee Name

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

Grid for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Grid for Mailing Address

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

Grid for Full Name

Mailing Address

Grid for Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Grid for Title or Position

Telephone number

Grid for 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

Kevin T. Sakamoto

Mailing Address

Grid for Mailing Address

Honolulu

HI

96846

CITY

STATE

ZIP CODE

Title or Position

Senior Executive Vice President

Telephone number

Grid for Telephone number: 808 - 694 - 4900

2010-04-20 10:00 AM 00070001

Full Name of Designated Agent _____

Mailing Address _____

 _____ CITY STATE ZIP CODE

Title or Position _____ 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.

Mailing Address _____

 _____ CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address _____

 _____ CITY STATE ZIP CODE

20090808 10:24:00 AM

RECEIVED
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2016 APR 29 AM 9:34

FedEx® Express

1 of 1
RT 677
FZ
6 10:30
3825
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D:HIKA
N LENG
OF HAWAII
AL DIVISION 252
MECHANT STREET, SUITE 1630
ONOLULU, HI 96813
UNITED STATES US

(808) 694-8951

SHIP DATE: 27APR16
ACTWGT: 0.50 LB
CAD: 100587320/NET3730

BILL SENDER

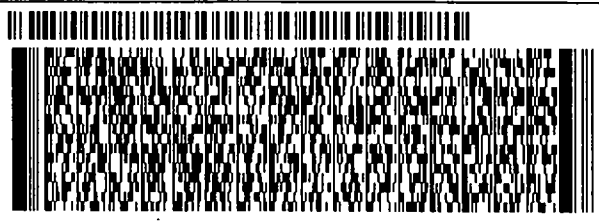
TO FEDERAL ELECTION COMMISSION

999 E STREET, N.W.

WASHINGTON DC 20463

(202) 694-1000 INV. REF:
PO. DEPT:

540.111042727F

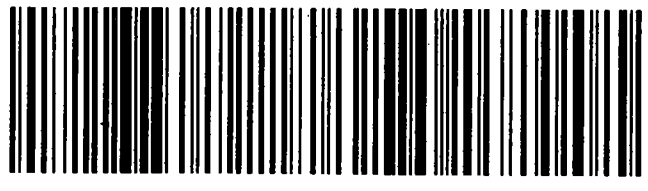


FRI - 29 APR 10:30A
PRIORITY OVERNIGHT

TRK# 7762 1270 3825
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XC RDVA

20463
DC-US IAD



20160429 09:34:00

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
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>4/27/16</i>
	Next Business Day Delivery <input checked="" 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

[Signature]
 PREPARER

4/29/16
 DATE PREPARED

2009-10-01 10:00:00 AM