07/30/2003 22 : 01

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines 12FE4M5

HAWAII REPUBLICAN PARTY

ADDRESS (Number and Street)

725 Kapiolani Blvd., #C-105

X (Check if address is changed)

HONOLULU HI 96813 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

doug_fairhurst@compuserve.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.gophawaii.com

COMMITTEE'S FAX NUMBER

8085937724

2. DATE 07 24 2003

3. FEC IDENTIFICATION NUMBER C C00085506

4. IS THIS STATEMENT X 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 Fairhurst Doug

Signature of Treasurer Electronically Filed by Fairhurst Doug Date 07 30 2003

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 202-694-110

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

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

(d) X This committee is a STA (National, State (or subordinate) committee of the REP (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

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

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: Fairhurst Doug

Mailing Address: 925 Bethel Street, Suite 308

Honolulu | HI | 96813 –

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: Fairhurst Doug

Mailing Address: 925 Bethel Street, Suite 308

Honolulu | HI | 96813 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number ____ – ____ – ____

Full Name of Designated Agent: Morioka Brennon

Mailing Address: 1335 Akiahala St

Kailua | HI | 96734 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Executive Director

Telephone number 808 – 593 – 8180

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 P.O BOX 2900

Honolulu HI 96846 –

CITY △ STATE △ ZIP CODE △