01/05/2006 15 : 38

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Hawaii Medical Service Association Employee Political Action Committee

ADDRESS (Number and Street)

818 Keeaumoku Street

(Check if address is changed)

Honolulu HI 96814 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PACInfo@hmsa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8089486660

2. DATE 01 03 2006

3. **FEC IDENTIFICATION NUMBER** **C C00321992**

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 Ms. Carolyn Gire

Signature of Treasurer Electronically Filed by Ms. Carolyn Gire Date 01 04 2006

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 02/2003)

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

(e) X 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

Hawaii Medical Service Association

Mailing Address 818 Keeaumoku Street

Honolulu HI 96814 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Hawaii Medical Service Association Employee Political Action Committee

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: Jennifer Diesman

Mailing Address: P.O. Box 860

Honolulu | HI | 96808 – 0860

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

Director

Telephone number: 808 – 948 – 5459

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: Ms. Carolyn Gire

Mailing Address: 5628 Halekamani Street

Honolulu | HI | 96825 –

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

Treasurer

Telephone number: 808 – 948 – 6588

Full Name of Designated Agent: Dr. Mike Sayama

Mailing Address: 2612 A Peter Street

Honolulu | HI | 96816 –

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

Chair

Telephone number: 808 – 948 – 5173

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.

First Hawaiian Bank

Mailing Address

University Banking Center

2411 South King Street

Honolulu HI 96826 –

CITY STATE ZIP CODE