

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

8089486860

2. DATE

01 / 03 / 2006

3. FEC IDENTIFICATION NUMBER

C C00321992

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

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. S437g.

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) 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:

- 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 ▲