

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

SECRETARY OF THE SENATE
03 DEC 22 PM 12:15

CHOS USE ONLY

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

Daniel K. Inouye in '92

ADDRESS (number and street) 1088 Bishop Street

X (Check if address is changed) Suite 100B

Honolulu HI 96813

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS calchipchase@hawaii.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 8085360642

2. DATE 12 11 2003

3. FEC IDENTIFICATION NUMBER C C00213314

4. IS THIS STATEMENT NEW (N) OR X 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 Calvert G. Chipchase, III

Signature of Treasurer *Calvert G. Chipchase* Date 12 11 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

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 Sen. Daniel K. Inouye

Candidate Party Affiliation DEM Office Sought: House Senate President State HI 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.

B. 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

Daniel K. Inouye in '92

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 Calvert G. Chipchase, III

Mailing Address 1088 Bishop Street
Suite 1009
Honolulu HI 96813

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 808 - 538 - 1058

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 Calvert G. Chipchase, III

Mailing Address 1088 Bishop Street
Suite 1009
Honolulu HI 96813

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 808 - 538 - 1058

Full Name of Designated Agent _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

_____ 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.

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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3. ATTACH LABEL (if provided)
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Chippase Masuda & Co
Certified Public Accountants
1088 Bishop St., Suite 1009
Honolulu, HI 96813

United States Senate
Office of the Secretary
Office of Public Records
P. O. Box 5109
Alexandria, VA 22301-0109

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
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PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

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