Image# 1	0931077346
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Djou for Hawa	ii 	
ADDRESS (number and s	P.O. BOX 235280	<u> </u>
(Check if address is changed)		HI _ 96823 _ 3504
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL)	
 DATE M M M 0.7 3. FEC IDENTIFICA 	29 2010	1
 FEC IDENTIFICA IS THIS STATEM 		
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
Type or Print Name of		
Signature of Treasurer	Electronically Filed by Chris S Mashiba	Date 07 / 29 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

Image# 10931077347

FEC Form 1 (Revised 02/2009)	Page 2
5. TYPE OF COMMITTEE (Check One)	
Candidate Committee:	
(a) X 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 information below.)	. (Complete the candidate
Name of Charles K Djou Candidate _ _	
Candidate Office X House Senate	President State HI District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committ	ee.
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 V/o Capital Stock	Labor Organization
	Cooperative
Membership Organization	Cooperative
(f) This committee gupperts (appears more than any Endered condition, this committee of the parts (appears more than any Endered condition NOT a compare	
This committee supports/opposes more than one Federal candidate, and is NOT a separa committee. (i.e., nonconnected committee)	ate segregated fund or party
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 proce committees/organizations, at least one of which is an authorized committee of a federal car	
(h) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate	
Committees Participating in Joint Fundraiser	
	C
2 FEC ID number	
3. FEC ID number	
4.	

FEC Form 1 (Revised 0	2/2009)		Page 3
Write or Type Committee Name			
Djou for Hawaii			
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	ndraising Representative, or Lea	adership PAC Sponsor
Pacific Victory Committ	ee		
Mailing Address	228 S. Washington St.,	Suite 115	
	Alexandria	YA	22314 _
	CITY	STATE 🛦	ZIP CODE 🔺
Relationship:			_
Connected Organization	Affiliated Committee X Ja	pint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Id possession of Committee 	entify by name, address, (phone numb books and records.	er optional), and position of	

Full Name	Mashiba		
Mailing Address	928 Maunawili Road,	Apt B	
	Kailua	HI	96734
Title or Position ▼	CITY 🛦	STATE	
Campaign T	reasurer	Telephone number808_	- 391 - 1883

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	Chris S Mashiba			
Mailing Address		928 Maunawili Road, A	Apt B	
		Kailua	<u> </u>	96734 _
Title or Position ♥			STATE	
Tr	easurer		Telephone number	

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE 🛦
	т	elephone number	
Banks or Other Deposit safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc.	ne committee deposits funds, h	olds accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds.	ne committee deposits funds, h	Dids accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds. pry, etc. I merican Savings Bank	ne committee deposits funds, h	Dids accounts, rents
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safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc. Merican Savings Bank P.O. Box 2300 Honolulu		
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Safety deposit boxes or r Name of Bank, Deposito Mailing Address	maintains funds. pry, etc. P.O. Box 2300 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		 96804 2300 ZIP CODE A

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FEC ID number

FEC Form 1	(Revised 02/2009)
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Joint Fundraiser Participant

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List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. BB&T 1909 K Street NW Mailing Address DC 20006 Washington T STATE ZIP CODE [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address CITY STATE A ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name 1 1 Mailing Address ZIP CODE Title or Position ¥ CITY A STATE Telephone number [ADDITIONAL]