Only

PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Hawaii 627 South St ADDRESS (number and street) Ste 105 (Check if address is changed) Honolulu 96813 ΗΙ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address treasurer@hawaiidemocrats.org is changed) Optional Second E-Mail Address reporting@capcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.hawaiidemocrats.org (Check if address is changed) DATE 2023 C00212787 FEC IDENTIFICATION NUMBER > 3. X 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 Meacham, Lawrence, , Date 11 13 2023 Signature of Treasurer Meacham, Lawrence, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Comp	ete the candidate information below.)
(b) This committee is an authorized committee, and is NOT a information below.)	principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and	is NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) com	(Democratic, mittee of the DEM Republican, etc.) Party
or substantacy some	The control of the co
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify co	nnected organization on line 6.) Its connected organization is a:
Corporation	n w/o Capital Stock Labor Organization
Membership Organization Trade Asse	=
In addition, this committee is a Lobbyist/Registra	_
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registra	nt PAC.
In addition, this committee is a Leadership PAC.	(Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only political In addition, this committee is a Lobbyist/Registra	
(h) This committee is a political committee with both contribut	
In addition, this committee is a Lobbyist/Registra	nt PAC.
Joint Fundraising Representative:	
· ·	penses and disburses net proceeds for two or more political
(i) committees/organizations, at least one of which is an auth	
(j) This committee collects contributions, pays fundraising exp committees/organizations, none of which is an authorized	penses and disburses net proceeds for two or more political committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1.	C

l	FEC Form 1 (Revised 0.	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name  Democratic Party	, of Hawaii	
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or RP./DEM. NAT'L COMMITTEE	Leadership PAC Sponsor
	Mailing Address	430 South Capitol St SE	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in	possession of committee
	Meacham, Full Name	Lawrence, , ,	
	Mailing Address	627 South St	
		Honolulu , HI	96813
		Tioloida Tii	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; an ssistant treasurer).	d the name and address of
	Full Name Meacham, of Treasurer	Lawrence, , ,	
	Mailing Address	627 South St	
		Ste 105	
		Honolulu   HI	96813
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼    Treasurer	1 202	, , 544 , , 6960
		Telephone number	

i	FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Desi Agen	Name of gnated it ng Address	Domingo, Donna, , ,  627 South St  Ste 105  Honolulu		96813
Title	or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
	ng Chair	Telephone	number	
		Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits fu	nds, holds accounts, rents
Name	e of Bank, D	epository, etc.		
Mailir	ng Address	University of Hawaii Credit Union PO Box 22070		
		Honolulu CITY A	HI STATE A	96823 ZIP CODE ▲
Name	e of Bank, D	epository, etc.		
		Amalgamated Bank		
Mailir	ng Address	275 Seventh Ave		
		New York	NY	10011
		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 7\_\_\_

h). <b>Joint Fundraisi</b>	.9			
1.		FEC	ID number	С
2.		FEC	ID number	C
3.		FEC	ID number	С
4.		FEC	ID number	С
-	Organization, Affiliated Committee,	Joint Fundraising F	Representativ	e, or Leadership PAC Spons
Friends of State Der	nocratic Parties			
Mailing Address	114 Beauchamp Lane			
	Lafayette		LA	70506
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Affiliated Committee  Ty by name, address (phone number –		sing Represent	ative Leadership PAC Sp
	_		sing Represent	ative Leadership PAC Sp
esignated Agent: Identi	_		sing Represent	ative Leadership PAC Sp
esignated Agent: Identi	_		sing Represent	ative Leadership PAC Sp
esignated Agent: Identi	_		sing Represent	ative Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number –		sing Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number –		STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or m	y by name, address (phone number – CITY ▲  CITY ▲  Pries: List all banks or other depositoric	optional)  Telephone	STATE A Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.  American	cy by name, address (phone number –	optional)  Telephone	STATE A Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

_	7	
Page	of '	

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		<u> </u>	
-	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Biden Victory Fund			
Mailing Address	430 South Capitol St SE		
	Washington		20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	- 7	
Page	of '	

(h). <b>Joint Fundraisi</b>	.g . a		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundrots Victory Fund	raising Representativ	e, or Leadership PAC Spons
Mailing Address	430 South Capitol St SE		
Relationship:	Washington  CITY	DC STATE A	20003 ZIP CODE ▲
	Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Represent	
			ative Leadership PAC Spo
Designated Agent: Identi			
Pesignated Agent: Identi			
Pesignated Agent: Identi	y by name, address (phone number – optional)		
Pesignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional)  CITY		
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the same of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
Pesignated Agent: Identic Full Name	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE A
Pesignated Agent: Identic Full Name	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE A