

FEDERAL ELECTION COMMISSIONS CENTER

705 MAR -7 A 10:14

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

1252415

THE EAGLE NATIONAL COMMITTEE OF THE HAWAII PARTY

ADDRESS (number and street)

1005 FEDERATION ROAD

(Check if address is changed)

BALTIMORE

MD

211281-6000

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

MANUELA@LEPARTYVERBIZON.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

THEEAGLEINTERNATIONALCOMMITTEE.ORG
THEEAGLEPARTY.ORG

COMMITTEE'S FAX NUMBER

410-747-2303

2. DATE

12 29 2004

3. FEC IDENTIFICATION NUMBER

C00408520

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

JOHN G. MOHLER, JR.

Signature of Treasurer

John G. Mohler, Jr.

Date

01 14 2005

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 800-424-9690
Learn 202-694-1100

FEC FORM 1
(Revised 02/2004)

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 Associated Committee

N.C.N.E. _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

RESPONSE

FEC Form 1 (Revised 02/2003)

Page 3

Write or Type Committee Name

THE EAGLE NATIONAL COMMITTEE - THE EAGLE PARTY

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 MATHEWEN MARIE DULANEY

Mailing Address PO BOX 21277
BALTIMORE MD 21228-5800

Title or Position ASSISTANT TREASURER Telephone number 410-455-0409

CITY STATE ZIP CODE

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 JOHN CASSAVAY MOHLER JR.

Mailing Address PO BOX 21277
BALTIMORE MD 21228-5800

Title or Position CEO TREASURER Telephone number 410-747-4594

CITY STATE ZIP CODE

Full Name of Designated Agent KATHLEEN MARIE DULANEY

Mailing Address PO BOX 21277
BALTIMORE MD 21228-5800

Title or Position ASSISTANT TREASURER Telephone number 410-455-0409

CITY STATE ZIP CODE

FORM 10-03

FEC Form 4 (Revised 02/2003)

Page 4

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.

WACHOVIA BANK NA

Mailing Address

REGIONAL SERVICE CENTER VA 7300

P.O. BOX 49031

ROANOKE VA 24020-0031

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

FEB 01 2005

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 3/1/05
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>EA</i>	3/7/05
PREPARER	DATE PREPARED