

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WORKING FAMILIES FOR HAWAII			FEC IDENTIFICATION NUMBER ▼ C C00490193	
Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name (Last, First, Middle Initial) of Payee HENDRIX MIYASAKI SHIN ADVERTISING			Date M M / D D / Y Y Y Y Y Y	
Mailing Address 1580 MAKALOA STREET SUITE 945			Amount 14607.32	
City HONOLULU State HI Zip Code 96814		Transaction ID : SE.4272		
Purpose of Expenditure TELEVISION ADS PART II		Category/Type 004	Office Sought: ☐ House State: HI ☒ Senate District: 00 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: LINDA LINGLE			Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 78557.00			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee			Date	
Mailing Address			Amount	
City State Zip Code			Office Sought: ☐ House State: ☐ Senate District: ☐ President	
Purpose of Expenditure			Category/Type	
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14607.32	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶			14607.32	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Guy Fujimura</u>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y