

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

ADDRESS (number and street) 1717 Hoe Street
Check if different than previously reported. (ACC) Honolulu HI 96819

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00510974 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2018 through [MM] / [DD] / [YYYY] 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Smith, James, M, Mr.,
Type or Print Name of Treasurer

Signature of Treasurer *Smith, James, M, Mr.,* [Electronically Filed] Date 07 / 13 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="213012.37"/>	<input type="text" value="213012.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="213012.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29948.04"/>	<input type="text" value="29948.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="242960.41"/>	<input type="text" value="242960.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32769.29"/>	<input type="text" value="32769.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="210191.12"/>	<input type="text" value="210191.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	8352.75	8352.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8352.75	8352.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8352.75	8352.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	21595.29	21595.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	29948.04	29948.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29948.04	29948.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10269.29	10269.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10269.29	10269.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	22500.00	22500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32769.29	32769.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32769.29	32769.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8352.75	8352.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8352.75	8352.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10269.29	10269.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10269.29	10269.29

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

A. Hawaii Law Enforcement Federal Credit Union

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1537 Young Street

City Honolulu	State HI	Zip Code 96826
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9.58

Date of Receipt

06 / 29 / 2018

Transaction ID : SA17.4727

Amount of Each Receipt this Period

9.58

Memo Item
Interest Earned

B. Payden & Rygel

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 s. Grand Avenue

City Los Angeles	State CA	Zip Code 90071-1504
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

21585.71

Date of Receipt

01 / 05 / 2018

Transaction ID : SA17.4728

Amount of Each Receipt this Period

21585.71

Memo Item
Investment Income

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	21595.29
TOTAL This Period (last page this line number only).....	21595.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

Full Name (Last, First, Middle Initial)

A. Hawaii State Tax Collector

Mailing Address P.O. Box 1425

City
Honolulu

State
HI

Zip Code
96806

Purpose of Disbursement
Estimated TAX Due 2017 Form N301

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.4729

Amount of Each Disbursement this Period

[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address Ogden

City
Ogden

State
UT

Zip Code
84201

Purpose of Disbursement
Tax payment

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.4779

Amount of Each Disbursement this Period

[] 4769.29

Memo Item

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address Ogden

City
Ogden

State
UT

Zip Code
84201

Purpose of Disbursement
Estimated Tax Form 1120-POL YE 17

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.4730

Amount of Each Disbursement this Period

[] 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 10269.29

[] 10269.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

Full Name (Last, First, Middle Initial)

A. Arakawa, Alan, , ,

Mailing Address P.O Box 1222

City
Wailuku

State
HI

Zip Code
96793

Purpose of Disbursement
Local Election - Maui Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2018

FEC Identification Number

C [REDACTED]
Transaction ID : SB29.4777
Amount of Each Disbursement this Period
[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bukoski, Kika, , ,

Mailing Address P.O. Box 6196

City
Kaneohe

State
HI

Zip Code
96744

Purpose of Disbursement
Local Election - Oahu Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2018

FEC Identification Number

C [REDACTED]
Transaction ID : SB29.4757
Amount of Each Disbursement this Period
[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Carroll, Claire, , ,

Mailing Address P.O. Box 164

City
Hana

State
HI

Zip Code
96713

Purpose of Disbursement
Local Election- Maui Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2018

FEC Identification Number

C [REDACTED]
Transaction ID : SB29.4764
Amount of Each Disbursement this Period
[REDACTED] 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED]	3000.00
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

Full Name (Last, First, Middle Initial)

A. Couch, Don, , ,

Mailing Address P.O. Box 1212

City
Kihei

State
HI

Zip Code
96753

Purpose of Disbursement
Local Election - Maui Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4767

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Decoite, Lynn, , ,

Mailing Address P.O. Box 52

City
Kaunakakai

State
HI

Zip Code
96748

Purpose of Disbursement
Local Election - Maui Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4766

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kane, Dain, , ,

Mailing Address P.O. Box 104

City
Wailuku

State
ID

Zip Code
96793

Purpose of Disbursement
Local Election - Maui Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4768

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

A. Kierkiewicz, Ashley, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOx 1147

City Keaau State HI Zip Code 96749

Purpose of Disbursement Local Election - HI Pol Contr

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB29.4772

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Kleinfelder, Kanealii, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 4402

City Hilo State HI Zip Code 96720

Purpose of Disbursement Local Election - HI Pol Contrg

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB29.4770

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Paris, Makana, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1110 Nuuanu Avenue # 6

City Honolulu State HI Zip Code 96817

Purpose of Disbursement Local Election - Pol Contr

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB29.4774

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

Full Name (Last, First, Middle Initial)

A. Raposo, Mel, , ,

Mailing Address 272 Makani Road

City
Kapaa

State
HI

Zip Code
96766

Purpose of Disbursement
Local Election - Kauai Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4769

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rayn, Pohai, , ,

Mailing Address 150 Hamakua Drive PMB#824

City
Kailua

State
HI

Zip Code
96734

Purpose of Disbursement
Local Election - Oahu Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4762

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Souza, Ola, , ,

Mailing Address P.O.Box 240531

City
Honolulu

State
HI

Zip Code
96824

Purpose of Disbursement
Local Election - Oahu Pol Contr

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4760

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 6250.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
State of Hawaii Organization of Police Officers (SHOPO Political Action Fund)

A. Sugimura, Yuki, Lei, ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 901362

City Kula State ID Zip Code 96790

Purpose of Disbursement
Local Election - Oahu Pol Contr

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB29.4759

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Victorino, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 3085

City Wailuku State HI Zip Code 96793

Purpose of Disbursement
Local Election - Maui Pol Contr

Candidate Name

Office Sought: House Senate President
State: HI District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 06 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB29.4776

Amount of Each Disbursement this Period: 4000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	22500.00