

# 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] 07 / 01 / 2018 through [MM] / [DD] / [YYYY] 09 / 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 [MM] / [DD] / [YYYY] 12 / 20 / 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)

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="210191.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4240.97"/>	<input type="text" value="34189.01"/>
(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="214432.09"/>	<input type="text" value="247201.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26005.00"/>	<input type="text" value="58774.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="188427.09"/>	<input type="text" value="188427.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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 .....	4239.25	12592.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4239.25	12592.00
(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) .....	4239.25	12592.00
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.).....	1.72	21597.01
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)).....▶	4240.97	34189.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4240.97	34189.01

**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 .....	5.00	10274.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5.00	10274.29
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).....	26000.00	48500.00
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)) ..	26005.00	58774.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26005.00	58774.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4239.25	12592.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4239.25	12592.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5.00	10274.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5.00	10274.29

**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. Carvalho, Bernard, , ,**

Mailing Address P.O.Box 3510

City  
Lihue

State  
HI

Zip Code  
96766

Purpose of Disbursement  
Local Election - Kauai Political Contr

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB29.4785**  
Amount of Each Disbursement this Period  
[REDACTED] 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HANABUSA, COLLEEN WAKAKO, , ,**

Mailing Address 92-1019 J KOIO DRIVE

City  
KAPOLEI

State  
HI

Zip Code  
96707

Purpose of Disbursement  
Local Election - Hawaii Political Contr

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: HI District: 01

Date of Disbursement

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

FEC Identification Number

C H2HI02110  
**Transaction ID : SB29.4794**  
Amount of Each Disbursement this Period  
[REDACTED] 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hee, Clayton, , ,**

Mailing Address 47-630 Uakea Place

City  
Kaneohe

State  
HI

Zip Code  
96744

Purpose of Disbursement  
Local Election - Political 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	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB29.4788**  
Amount of Each Disbursement this Period  
[REDACTED] 2000.00

Memo Item

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

[REDACTED]	14000.00
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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. Keohokalole, Jarrett, , ,**

Mailing Address P.O. Box 6603

City  
Kanehoe

State  
HI

Zip Code  
96744

Purpose of Disbursement  
Local Election - Political Contrt

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
08		03		2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4795**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lee, Alice, , ,**

Mailing Address P.O. Box 1606

City  
Kahului

State  
HI

Zip Code  
97733

Purpose of Disbursement  
Local Election - Political 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
07		27		2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4792**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. McDermott, Bob, , ,**

Mailing Address 91-982 Ololani Street

City  
Ewa Beach

State  
HI

Zip Code  
96706

Purpose of Disbursement  
LOCAL Election- 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

M M M	/	D D D	/	Y Y Y Y Y
09		25		2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4797**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

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

[REDACTED] 4500.00

**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)**

Full Name (Last, First, Middle Initial)

**A. Molina, Mike, , ,**

Mailing Address P.O. Box 1303

City  
Makawao

State  
HI

Zip Code  
96768

Purpose of Disbursement  
Local Election - Political 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 / D D / Y Y Y Y Y  
07 / 27 / 2018

FEC Identification Number

C  
**Transaction ID : SB29.4790**  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ozawa, Trevor, , ,**

Mailing Address P.O. Box 3793

City  
Honolulu

State  
HI

Zip Code  
96812

Purpose of Disbursement  
Local Election - Political 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 / D D / Y Y Y Y Y  
07 / 27 / 2018

FEC Identification Number

C  
**Transaction ID : SB29.4786**  
Amount of Each Disbursement this Period  
4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ward, Gene, , ,**

Mailing Address 875 Puumao Street

City  
Honolulu

State  
HI

Zip Code  
96825

Purpose of Disbursement  
Local Election - Pol Cont

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 25 / 2018

FEC Identification Number

C  
**Transaction ID : SB29.4798**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

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

6500.00

**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. Woodson, Justin, , ,**

Mailing Address P.O. Box 1609

City  
Kahului

State  
HI

Zip Code  
96733

Purpose of Disbursement  
Local Election - Maui Political Contr

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4783**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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