

# 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.

HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Cummisky, Margaret, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Cummisky, Margaret, , ,* [Electronically Filed] Date  /  /

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

**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

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="2019"/>		43371.26
(b) Cash on Hand at Beginning of Reporting Period.....	41621.26	
(c) Total Receipts (from Line 19) .....	8500.00	34000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50121.26	77371.26
7. Total Disbursements (from Line 31).....	16107.00	43357.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	34014.26	34014.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

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).....	8500.00	34000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8500.00	34000.00
(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) .....	8500.00	34000.00
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.).....	0.00	0.00
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)).....▶	8500.00	34000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8500.00	34000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11300.00	35800.00
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 .....	3000.00	3000.00
(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)).....	3000.00	3000.00
29. Other Disbursements (Including Non-Federal Donations).....	1807.00	4557.00
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)) ..	16107.00	43357.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16107.00	43357.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<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) .....	8500.00	34000.00
34. Total Contribution Refunds (from Line 28(d)) .....	3000.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5500.00	31000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 13
<input checked="" 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 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)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

**A. Lynde, James, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3375 Koapaka St  
 City Honolulu State HI Zip Code 96819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaiian Airlines Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 17 / 2019  
**Transaction ID : SA11AI.4900**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**B. Mannis, Avi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3375 Koapaka St Suite G350  
 City Honolulu State HI Zip Code 96819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaiian Airlines, Inc. Occupation (for Individual) SVP, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.4898**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Schaefer, John, F., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3375 Koapaka St Suite G350  
 City Honolulu State HI Zip Code 96819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaiian Airlines, Inc. Occupation (for Individual) VP, Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 12 / 2019  
**Transaction ID : SA11AI.4897**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)

<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Sparling Tatro, Robin, , ,**

Mailing Address 3375 Koapaka St  
Suite G350

City Honolulu State HI Zip Code 96819

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

Name of Employer (for Individual) Hawaiian Airlines, Inc. Occupation (for Individual) VP, Inflight

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2019

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period  
1500.00

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	8500.00

**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 checked="" 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)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

**A. ALAN LOWENTHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
ALAN LOWENTHAL FOR CONGRESS

Date of Disbursement: 09 / 23 / 2019

Mailing Address: 16633 VENTURA BLVD # 1008

City: ENCINO State: CA Zip Code: 91436

Purpose of Disbursement:  011 Category/Type

Candidate Name: LOWENTHAL, ALAN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 47

FEC Identification Number: C00498212  
Transaction ID : SB23.4916  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. CASE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
CASE FOR CONGRESS

Date of Disbursement: 12 / 03 / 2019

Mailing Address: 1253 S. BERETANIA ST., #8888

City: HONOLULU State: HI Zip Code: 96814

Purpose of Disbursement: Contribution  011 Category/Type

Candidate Name: CASE, ED, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: HI District: 01

FEC Identification Number: C00680918  
Transaction ID : SB23.4885  
Amount of Each Disbursement this Period: 300.00

Memo Item

**C. CASE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
CASE FOR CONGRESS

Date of Disbursement: 12 / 03 / 2019

Mailing Address: 1253 S. BERETANIA ST., #8888

City: HONOLULU State: HI Zip Code: 96814

Purpose of Disbursement:  011 Category/Type

Candidate Name: CASE, ED, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: HI District: 01

FEC Identification Number: C00680918  
Transaction ID : SB23.4887  
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

3800.00

**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 checked="" 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)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHUY GARCIA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2019
Mailing Address 137 N. 14TH AVENUE		FEC Identification Number C00661777 <b>Transaction ID : SB23.4915</b>
City MELROSE PARK	State IL	Zip Code 60160
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>GARCIA, JESUS, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 04	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS TO ELECT RICK LARSEN</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019
Mailing Address PO BOX 326		FEC Identification Number C00345546 <b>Transaction ID : SB23.4888</b>
City EVERETT	State WA	Zip Code 98206
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>LARSEN, RICK, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. MIKE ROGERS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2019
Mailing Address 123 EAST 13TH STREET		FEC Identification Number C00367862 <b>Transaction ID : SB23.4921</b>
City ANNISTON	State AL	Zip Code 36201
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>ROGERS, MICHAEL, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AL	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 checked="" 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)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NITA LOWEY FOR CONGRESS**

Mailing Address PO BOX 271

City WHITE PLAINS State NY Zip Code 10605

Purpose of Disbursement

Category/Type

Candidate Name  
**LOWEY, NITA M, , ,**

Office Sought:  House  Senate  President  
State: NY District: 17

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
07 / 09 / 2019

FEC Identification Number  
**C** C00219881  
**Transaction ID : SB23.4909**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 1986

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement

Category/Type

Candidate Name  
**PRICE, DAVID E., , ,**

Office Sought:  House  Senate  President  
State: NC District: 04

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
10 / 21 / 2019

FEC Identification Number  
**C** C00195628  
**Transaction ID : SB23.4881**  
Amount of Each Disbursement this Period  
1000.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**  
Amount of Each Disbursement this Period

Memo Item

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

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

3500.00  
11300.00

**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 checked="" 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)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Lynde, James, M., ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2019	
Mailing Address 3375 Koapaka St		FEC Identification Number C [ ] <b>Transaction ID : SB28A.4902</b>	
City Honolulu	State HI	Zip Code 96819	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Refunded contribution		Category/Type 010	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

**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)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Augie**

Mailing Address PO Box 2765

City Ewa Beach State HI Zip Code 96706

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 03 / 2019

FEC Identification Number

C

Transaction ID : SB29.4892

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Sylvia Luke**

Mailing Address P. O. Box 2804

City Honolulu State HI Zip Code 96803

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB29.4890

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Joe Buscaino for City Council 2011**

Mailing Address 777 So. Figueroa St Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

012  
Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB29.4927

Amount of Each Disbursement this Period

800.00

Memo Item

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

1550.00

**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

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)  
**HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. John Carroll for Mayor</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019	
Mailing Address 810 Richards Street Suite 330		FEC Identification Number C [ ] <b>Transaction ID : SB29.4930</b>	
City Honolulu	State HI	Zip Code 96813	Amount of Each Disbursement this Period [ ] 250.00
Purpose of Disbursement Nonfederal contribution		Category/Type 012	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/Type [ ]	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/Type [ ]	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1800.00