

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name WORKERS FOR A BETTER HAWAII		2. FEC Identification Number C C30001564
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 888 MILILANI STREET SUITE 601		
(c) City, State and ZIP Code HONOLULU HI 96813		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period
	M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0 through M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** radio ads
0 5 / 0 1 / 2 0 1 0

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
maureen wakuzawa

(b) Address (number and street)
888 Mililani Street, Suite 601

(c) City, State and ZIP Code
Honolulu HI 96813

(d) Name of Employer or Principal Place of Business
Hawaii Government Employees Assn

(e) Occupation
Controller

9. Total Donations This Statement 100000.00

10. Total Disbursements/Obligations This Statement 41884.80

Under penalty of perjury, I certify that this statement is true, correct and complete.
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM Peter Oshiro
 SIGNATURE Electronically Filed by Peter Oshiro DATE 05/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.