# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

**1. Person Making the Disbursements/Obligations**

(a) Name **WORKERS FOR A BETTER HAWAII**

(b) Address (number and street)  ☐ 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

**2. FEC Identification Number**

C | C30001564

**3. Is This Statement**  ☒ **New**  or  ☐ **Amended**

**4. Covering Period**
M M / D D / Y Y Y Y
05 / 10 / 2010
through
M M / D D / Y Y Y Y
05 / 18 / 2010

**5.** (a) Date of Public Distribution(s)
M M / D D / Y Y Y Y
05 / 10 / 2010

(b) Communication Title  RADIO ADS

**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.** If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements 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**        .00

**10. Total Disbursements/Obligations This Statement**        31413.60

Under penalty of perjury, I certify that this statement is true, correct and complete.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**    DEREK MIZUNO

**SIGNATURE**  *DEREK MIZUNO*    *[Electronically Filed]*    **DATE**    12/13/2011

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

**List of Person(s) Sharing/Exercising Control**
(use additional pages as necessary)

## 11. Person(s) Sharing/Exercising Control

**A.** (a) Name                                          **Transaction ID : F91.000001**

DEREK MIZUNO

(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        (e) Occupation

HAWAII GOVERNMENT EMPLOYEES ASSN              DEPUTY EXEC DIR -ADMIN

**B.** (a) Name                                          **Transaction ID : F91.000002**

NORA NOMURA

(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        (e) Occupation

HAWAII GOVERNMENT EMPLOYEES ASSN              DEPUTY EXEC DIR - FIELD

**C.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business        (e) Occupation

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business        (e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business        (e) Occupation

## SCHEDULE 9-B
**Disbursement(s) Made or Obligation(s)**

**A.** Full Name (Last, First, Middle Initial) of Payee

CHUN & YONAMINE ADVERTISING

Mailing Address of Payee
P.O. BOX 240576

| City | State | Zip Code |
|---|---|---|
| HONOLULU | HI | 96824 |

Name of Employer | Occupation

Date of Disbursement or Obligation

M M / D D / Y Y Y Y
05 / 10 / 2010

Amount
7853.40

Communication Date
M M / D D / Y Y Y Y
05 / 10 / 2010

Purpose of Disbursement (Including title(s) of communication(s))

**Transaction ID : F93.000001**

| Name of Federal Candidate | Office Sought: | | State / District | Disbursement/Obligation For: 2010 |
|---|---|---|---|---|
| EDWARD CASE<br>**Transaction ID : F94.000002** | ☒ House<br>☐ Senate<br>☐ President | | State: HI<br>District: 01 | ☐ Primary ☐ General<br>☒ Other (specify) ▶ SPECIAL |
| EDWARD DJOU<br>**Transaction ID : F94.000003** | ☒ House<br>☐ Senate<br>☐ President | | State: HI<br>District: 01 | ☐ Primary ☐ General<br>☒ Other (specify) ▶ SPECIAL |
| | ☐ House<br>☐ Senate<br>☐ President | | State:<br>District: | ☐ Primary ☐ General<br>☐ Other (specify) ▶ |

**B.** Full Name (Last, First, Middle Initial) of Payee

CHUN & YONAMINE ADVERTISING

Mailing Address of Payee
P.O. BOX 240576

| City | State | Zip Code |
|---|---|---|
| HONOLULU | HI | 96824 |

Name of Employer | Occupation

Date of Disbursement or Obligation

M M / D D / Y Y Y Y
05 / 10 / 2010

Amount
7853.40

Communication Date
M M / D D / Y Y Y Y
05 / 10 / 2010

Purpose of Disbursement (Including title(s) of communication(s))

**Transaction ID : F93.000002**

| Name of Federal Candidate | Office Sought: | | State / District | Disbursement/Obligation For: 2010 |
|---|---|---|---|---|
| EDWARD CASE<br>**Transaction ID : F94.000005** | ☒ House<br>☐ Senate<br>☐ President | | State: HI<br>District: 01 | ☐ Primary ☐ General<br>☒ Other (specify) ▶ SPECIAL |
| CHARLES DJOU<br>**Transaction ID : F94.000006** | ☒ House<br>☐ Senate<br>☐ President | | State: HI<br>District: 01 | ☐ Primary ☐ General<br>☒ Other (specify) ▶ SPECIAL |
| | ☐ House<br>☐ Senate<br>☐ President | | State:<br>District: | ☐ Primary ☐ General<br>☐ Other (specify) ▶ |

**SUBTOTAL** of Disbursements/Obligations This Page (optional) ............................................. ▶ 15706.80

**TOTAL** This Period (last page this line number only) ............................................................... ▶
(carry total from last page to Line 10)

# SCHEDULE 9-B
## Disbursement(s) Made or Obligation(s)

**A.** Full Name (Last, First, Middle Initial) of Payee

CHUN & YONAMINE ADVERTISING

Mailing Address of Payee
P.O. BOX 240576

| City | State | Zip Code |
|---|---|---|
| HONOLULU | HI | 96824 |

| Name of Employer | Occupation |
|---|---|
| | |

Date of Disbursement or Obligation

M M / D D / Y Y Y Y
05 / 10 / 2010

Amount

7853.40

Communication Date

M M / D D / Y Y Y Y
05 / 10 / 2010

Purpose of Disbursement (Including title(s) of communication(s))

**Transaction ID : F93.000003**

| Name of Federal Candidate | Office Sought: | | Disbursement/Obligation For: 2010 |
|---|---|---|---|
| CHARLES DJOU | [X] House | State: HI | [ ] Primary  [ ] General |
| | [ ] Senate | District: 01 | [X] Other (specify) ▶ SPECIAL |
| **Transaction ID : F94.000008** | [ ] President | | |
| Name of Federal Candidate | [ ] House | State: | [ ] Primary  [ ] General |
| | [ ] Senate | District: | [ ] Other (specify) ▶ |
| | [ ] President | | |
| Name of Federal Candidate | [ ] House | State: | [ ] Primary  [ ] General |
| | [ ] Senate | District: | [ ] Other (specify) ▶ |
| | [ ] President | | |

**B.** Full Name (Last, First, Middle Initial) of Payee

CHUN & YONAMINE ADVERTISING

Mailing Address of Payee
P.O. BOX 240576

| City | State | Zip Code |
|---|---|---|
| HONOLULU | HI | 96824 |

| Name of Employer | Occupation |
|---|---|
| | |

Date of Disbursement or Obligation

M M / D D / Y Y Y Y
05 / 10 / 2010

Amount

7853.40

Communication Date

M M / D D / Y Y Y Y
05 / 10 / 2010

Purpose of Disbursement (Including title(s) of communication(s))

**Transaction ID : F93.000004**

| Name of Federal Candidate | Office Sought: | | Disbursement/Obligation For: 2010 |
|---|---|---|---|
| EDWARD CASE | [X] House | State: HI | [ ] Primary  [ ] General |
| | [ ] Senate | District: 01 | [X] Other (specify) ▶ SPECIAL |
| **Transaction ID : F94.000010** | [ ] President | | |
| Name of Federal Candidate | [ ] House | State: | [ ] Primary  [ ] General |
| | [ ] Senate | District: | [ ] Other (specify) ▶ |
| | [ ] President | | |
| Name of Federal Candidate | [ ] House | State: | [ ] Primary  [ ] General |
| | [ ] Senate | District: | [ ] Other (specify) ▶ |
| | [ ] President | | |

**SUBTOTAL** of Disbursements/Obligations This Page (optional) ............................................. ▶         15706.80

**TOTAL** This Period (last page this line number only) ............................................................. ▶         31413.60
(carry total from last page to Line 10)