

**REPORT OF COMMUNICATION COSTS
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

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1. (a) NAME OF ORGANIZATION Hawaii State Teachers Association Political Action Committee Fund	2. IDENTIFICATION NUMBER (Assigned by FEC)
(b) ADDRESS (Number and Street) 1200 Ala Kapuna Street	3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input type="checkbox"/> Trade Association <input type="checkbox"/> Labor Organization <input type="checkbox"/> Cooperative <input type="checkbox"/> Membership Organization <input type="checkbox"/> Corporation without capital stock
(c) CITY, STATE AND ZIP CODE Honolulu, HI 96819	

4. TYPE OF REPORT (Check One):

(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report

12 Day Pre-General Election Report held on _____ in the State of _____
(date)

January 31 Year End Report

(b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD 07/01/2010 THROUGH 09/30/2010

SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					
<input type="checkbox"/> Telephone						
<input type="checkbox"/> Telegram						
<input type="checkbox"/> Other: <small>(Specify)</small>						
<input type="checkbox"/> Direct Mail		<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members				
<input type="checkbox"/> Telephone						
<input type="checkbox"/> Telegram						
<input type="checkbox"/> Other: <small>(Specify)</small>						
<input type="checkbox"/> Direct Mail						

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ 0.00

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

Alvin Nagasako

Type or Print Name



Signature and Title of Person Designated to Sign This Report

10/11/2010

Date

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

WHERE TO FILE:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463

FOR FURTHER INFORMATION CONTACT:
 Federal Election Commission
 Toll Free: 800-424-9530
 Local: 202-694-1100

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Federal Election Commission
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 2/7/11
 PREPARER DATE PREPARED

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