# Image# 12954270232 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE 1 OF FORM 24

SCHEDOLL L)	FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
District Council 50 International Union of Painters and Allied Trades Local Jobs For Local People	
Check If 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee	D. I.
Applied Paradigms	Date    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Mailing Address 1818 L Street #713	Amount
City State Zip Code	
Sacramento CA 95811	20000.00 Transaction ID : SE.4126
Purpose of Expenditure Production Costs  Category/ Type 004  Off	fice Sought: House State: HI Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  LINDA LINGLE  Ch	President  Support Oppose
Calendar Year-To-Date Per Election 136385.34 Dis 2012	sbursement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee Avis	Date
Mailing Address 7876 Collections Center Drive	10
	Amount
City State Zip Code Chicago IL 60693	152.22 Transaction ID : SE.4141
Purpose of Expenditure Travel expenses  Category/ Type 002 Off	fice Sought: House State: HI  Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
LINDA LINGLE Ch	neck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 138814.36 Dis	sbursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	20152.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Lynn Kinney

Signature

### Image# 12954270233 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE 5 OF FOR SE OF FORM 24/48 NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼ District Council 50 International Union of Painters and Allied Trades C00527978 Local Jobs For Local People New report Amends report filed on Check If 24-hour report X 48-hour report Full Name (Last, First, Middle Initial) of Payee Date Hawaiian Airlines 01 2012 10 Mailing Address P. O. Box 29460 Amount City State Zip Code 2276.80 ΗΙ 96820 Honolulu Transaction ID: SE.4140 State: Office Sought: Purpose of Expenditure House HI Category/ Travel expense 002 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: X Oppose Check One: LINDA LINGLE Support Disbursement For: Primary General Calendar Year-To-Date Per Election 138662.14 2012 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date **KFVF** 10 2012 01 Mailing Address 420 Waiakamilo Rd. #205 Amount City State Zip Code 8376.96 Honolulu HI 96817 Transaction ID: SE.4123 State: Office Sought: House Purpose of Expenditure ΗΙ Category/ Television Ad 004 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: X Oppose Support LINDA LINGLE **General** Disbursement For: Primary Calendar Year-To-Date Per Election 74640.44 2012 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 10653.76 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Date

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2012

### Image# 12954270234 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE 5 OF FOR SE OF FORM 24/48 NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼ District Council 50 International Union of Painters and Allied Trades C00527978 Local Jobs For Local People New report Check If 24-hour report X 48-hour report Amends report filed on Full Name (Last, First, Middle Initial) of Payee Date **KGMB** 01 2012 10 Mailing Address 420 Waiakamilo Rd. #205 Amount City State Zip Code 28041.09 ΗΙ 96817 Honolulu Transaction ID: SE.4121 State: Office Sought: Purpose of Expenditure House HI Category/ Television Ad 004 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: X Oppose Check One: LINDA LINGLE Support Disbursement For: Primary General Calendar Year-To-Date Per Election 51182.44 2012 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date **KHNL** 10 2012 01 Mailing Address 420 Waiakamilo Rd. #205 Amount City State Zip Code 15081.04 Honolulu HI 96817 Transaction ID: SE.4122 State: Office Sought: House Purpose of Expenditure ΗΙ Category/ Television Ad 004 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: X Oppose Support LINDA LINGLE General Disbursement For: Primary Calendar Year-To-Date Per Election 66263.48 2012 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 43122.13 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lynn Kinney	[Electronically Filed]	Date	10	02	/	2012
Signature						

#### Image# 12954270235 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE 5 OF FOR SE OF FORM 24/48 NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼ District Council 50 International Union of Painters and Allied Trades C00527978 Local Jobs For Local People New report Amends report filed on Check If 24-hour report X 48-hour report Full Name (Last, First, Middle Initial) of Payee Date **KHON** 01 2012 10 Mailing Address 88 Piikoi St. Amount City State Zip Code 35157.05 ΗΙ 96814 Honolulu Transaction ID: SE.4124 State: Office Sought: Purpose of Expenditure House HI Category/ Television Ad 004 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: X Oppose Check One: LINDA LINGLE Support Disbursement For: Primary General Calendar Year-To-Date Per Election 109797.49 2012 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Kimi Takazawa & Associates 10 2012 01 Mailing Address 2024 Mauna Pl. Amount City State Zip Code 6587.85 Honolulu HI 96821 Transaction ID: SE.4125 State: Office Sought: House Purpose of Expenditure ΗΙ Category/ Production costs 004 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: X Oppose Support LINDA LINGLE **General** Disbursement For: Primary Calendar Year-To-Date Per Election 116385.34 2012 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 41744.90 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lynn Kinney [Electronically Filed] Date 10 02 2012 Signature

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 5 OF 5 FOR SE OF FORM 24/48					
NAME OF COMMITTE (In Full) District Council 50 International Union of Painters and Allied Trades Local Jobs For Local People	FEC IDENTIFICATION NUMBER ▼  C C00527978					
Check If 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay					
Full Name (Last, First, Middle Initial) of Payee KITV	Date 10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 801 S.King St.	Amount					
City State Zip Code Honolulu HI 96813	23141.35 Transaction ID : SE.4120					
Purpose of Expenditure Television ad  Category/ Type  004  Office	House State: HI Senate District: 00					
Name of Federal Candidate Supported or Opposed by Expenditure:  LINDA LINGLE  Che	ck One: President Oppose					
Calendar Year-To-Date Per Election for Office Sought  Disb. 23141.35	oursement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) of Payee Westin Bonaventure	Date 10 01 2012					
Mailing Address 404 South Figueroa St.	Amount					
City State Zip Code Los Angeles CA 90071	1042.16 Transaction ID : SE.4142					
Travel expense Type 002	te Sought:  House State:  Senate District:  President					
Name of Federal Candidate Supported or Opposed by Expenditure:  LINDA LINGLE  Che	ck One: Support Oppose					
Calendar Year-To-Date Per Election for Office Sought 139856.52	oursement For: Primary General Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	24183.51					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	139856.52					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	0 02 2012					
Signature						