Image# 14978045260 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

1 OHW OX	For Other	Inan An Aut	norized Comm	Ittee		Office Use Only	
NAME OF COMMITTEE (in full	TYPE OR F	PRINT ▼	Example: If to		12FE4M5		
WORKING FAMI	LIES FOR HA	WAII					1
ADDRESS (number and st	treet) 66 Queer	Street					
Check if differen	nt Suite 390	2					
than previously reported. (ACC)	Honolulu				HI	96813	
2. FEC IDENTIFICAT	ION NUMBER ▼	CIT	Y ▲		STATE 🛦	ZIP CO	DDE 🛦
C C00490193			S THIS REPORT	NEW (N) OR	× AM	MENDED)	
4. TYPE OF REPO	RT (b) Mon Repo	ort On:	20 (M2)	May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Report	is:	Mar	20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly R X July 15 Overtable R	(c)	12-Day PRE-Election	Primary (12P)	General	(12G)	Runoff (12R)
Quarterly R October 15		Report for the:	Convention	on (12C)	Special	(12S)	
Quarterly R	leport (Q3)		M = M	/ D D /	Y W Y W Y W Y	in the	_
January 31 Year-End R		Electio	on on			State o	of
July 31 Mid Report (Nor Year Only)	n-election (a)	30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination (TER)	Report	Election Election	on on	/ D = D /	Y = Y = Y = Y	in the State o	of
5. Covering Period	04 01	2014	throug	h 06	/ D D /	2014	
I certify that I have exam	nined this Report a	nd to the best of	my knowledge ar	nd belief it is tru	ue, correct an	d complete.	
Type or Print Name of T	reasurer Iris Chun						
Signature of Treasurer	Iris Chun		[Electronic	cally Filed] [Date 09	/ 30 /	2014
NOTE: Submission of false	e, erroneous, or inco	omplete information	n may subject the	person signing t	nis Report to t	he penalties of 2	U.S.C. §437g.
Office						FEC FOR	
Use Only						Rev. 12/2	

Г	OF RI FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE ECEIPTS AND DISBURSEMENTS	Page 2
Wr	ite or Type Committee Name		
V	ORKING FAMILIES FOR HAWAII		
Re	eport Covering the Period: From: 04	01 2014 To:	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		3055.70
	(b) Cash on Hand at Beginning of Reporting Period	99915.02	
	(c) Total Receipts (from Line 19)	50174.00	150521.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	150089.02	153576.70
7.	Total Disbursements (from Line 31)	129174.39	132662.07
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20914.63	20914.63
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6199.77	
	This committee has qualified as a multicandida	ate 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

WORKING FAMILIES FOR HAWAII

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ontributions (other than loans) From:		
a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	50000.00	150000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	50000.00	150000.00
		0.00
Political Party Committees	0.00	0.00
, ·	0.00	0.00
(such as PACs)	0.00	0.00
	50000.00	150000.00
	50000.00	150000:00
arty Committees	0.00	0.00
	0.00	0.00
Il Loans Received	0.00	0.00
oan Repayments Received	0.00	0.00
ffsets To Operating Expenditures	,	,
Refunds, Rebates, etc.)		
	174.00	521.00
efunds of Contributions Made	,	,
	0.00	0.00
·	0.00	0.00
	,	,
(from Schedule H3)	0.00	0.00
) Levin Funds (from Schedule H5)	0.00	0.00
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(i) Itemized (use Schedule A)	(ii) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period		
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating			
	Expenditures	20678.68	21041.38	
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	20678.68	21041.38	
22.	Transfers to Affiliated/Other Party		7	
13	CommitteesContributions to	0.00	0.00	
	Federal Candidates/Committees and Other Political Committees	0.00	0.00	
24.	Independent Expenditures	108495.71	111620.69	
25.	(use Schedule E)	100700.71	111020.00	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
26.	Loan Repayments Made	0.00	0.00	
7	Loans Made	0.00	0.00	
28.	Refunds of Contributions To: (a) Individuals/Persons Other		7 7 7	
	Than Political Committees	0.00	0.00	
	(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))▶	0.00	0.00	
29.	Other Disbursements	0.00	0.00	
20	Federal Election Activity (2 U.S.C. §431(20))			
	(a) Allocated Federal Election Activity			
	(from Schedule H6)	200	0.00	
	(i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely	200	0.00	
	With Federal Funds	0.00	0.00	
	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))	129174.39	132662.07	
32.	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	129174.39	132662.07	
	from Line 31)	123114.33	132002.07	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	50000.00	150000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50000.00	150000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	20678.68	21041.38
7. Offsets to Operating Expenditures (from Line 15, page 3)	174.00	521.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	20504.68	20520.38

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

					PAGE	:	6	OF	13		
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16	;	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.

ΟI	tor commercial purposes, other than using the	name and address of any political committee to	SOIIGH COMMUNIS HOM SUCH COMMUNICE.
\rangle	NAME OF COMMITTEE (In Full) WORKING FAMILIES FOR HAV	VAII	
Α.	Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF STATE, COUN Mailing Address 1625 L STREET N.W. City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	TY AND MUNICIPAL EMPLOYEES, AFL-CIO State Zip Code DC 20036 C Occupation Aggregate Year-to-Date ▼ 50000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
s	UBTOTAL of Receipts This Page (optional)		50000.00
Т	OTAL This Period (last page this line number of	nly)	50000.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 7 OF 13							
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	11a 11b 11c 12							
				13 14 X 15 16 17							
Any or fo	information copied from such Reports and Sir commercial purposes, other than using the	tatements mand a	ay not be sold or used by any paddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
$\overline{}$	AME OF COMMITTEE (In Full)		y panisa. committo								
	VORKING FAMILIES FOR HAV	WAII									
	ull Name (Last, First, Middle Initial) HAWAII GOVERNMENT EMPLOYEE	S ASSOCI	ATION	Date of Receipt							
	ailing Address 888 MILILANI STREET	07100001	7111011	M M / D D / Y Y Y Y							
_	SUITE 601			06 30 2014							
	ity	State	Zip Code	Transaction ID : SA15.4355							
_H	IONOLULU	HI	96813	Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		174.00							
Na	ame of Employer	Occupation		In-kind - ADMINISTRATIVE/SALARY COSTS							
R	eceipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		521.00								
	ull Name (Last, First, Middle Initial)										
B	ailing Address			Date of Receipt							
IVI	alling Address			M = M / D = D / Y = Y = Y							
Ci	ity	State	Zip Code								
				Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С									
Na	ame of Employer	Occupation	1	_							
Re	eceipt For:	A	Veer to Date W								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>								
Fı	ull Name (Last, First, Middle Initial)			Date of Receipt							
_	ailing Address			M = M / D = D / Y = Y = Y							
Ci	ity	State	Zip Code	Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		Allount of Lacif Necept this Period							
Na	ame of Employer	Occupation									
R	eceipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼	1									
SUE	STOTAL of Receipts This Page (optional))	174.00							

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

174.00

S ľ

SCHED	ULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER: (check only one)					PAGE 8 OF 13			13		
ITEMIZE	ED DISBURSEMENTS	Use separate solution for each categorial		(check only one) X 21b 22			_	104 [
		Detailed Sumn			216 27	22 28a	23 28b		24 28c	25 29	Н	26 30b
Any inform	ation copied from such Reports and Stater	l nents may not be	sold or used									
	mercial purposes, other than using the nam											
I \	OF COMMITTEE (In Full)											
∕ WOF	RKING FAMILIES FOR HAWA	II										
Full Nar	me (Last, First, Middle Initial)											
A. CIVIS	S ANALYTICS, INC.					Date of	Disburs	eme	nt			
Mailina	Address D.O. DOV 1010				_	M = M	/ D	D		Y Y	Υ	
Mailing	Address P.O. BOX 4042					05		13		2014		
City			Code			Trans	action I	n · sı	B21B.43	50		
CHICAC	GO por Disbursement	IL 606	554			Trails	uotioii i		DE 1 D. 40			
	PRET POLLING DATA		- 1	001	7	Amount	of Eac	n Dis	burseme	nt this	Period	d
Candida	ate Name			Category	/					15000	00	П
Office S	Description of the second of t			Type			7	-	7	15000).00	_
Office S	Sought: House Disburser Senate	nent For: Primary	General									
	President	Other (specify)										
State:	District:											
	me (Last, First, Middle Initial)	TEO 4000				Data of	Diahuw		a+			
P. HAW	All GOVERNMENT EMPLOY	EES ASSO	CIATION			M M	Disburs	eme		Y	V	
Mailing	Address 888 MILILANI STREET					06		30		2014		
City	SUITE 601	State Zip	Code									
HONOL	ULU	HI 968				Trans	action I	D : S	B21B.43	56		
	e of Disbursement - ADMINISTRATIVE/SALARY COSTS		l l		7	Amount	of Fac	n Dis	burseme	nt this	Period	d
Candida	ate Name			Category/	,	7 tillourit	or Euc	1 010	barocino	-		
				Type	'		- 7		-	174	4.00	
Office S			0									
	Senate President	Other (specify)	General									
State:	District:	C (Spee)	•									
	me (Last, First, Middle Initial)											
c. OMN	ITRAK GROUP, INC.					Date of	Disbur	eme				
Mailing	Address 841 BISHOP ST, #1250					04	/ D	23		2014	Y	
City HONOL		State Zip HI 968	Code			Trans	action I	D : S	B21B.43	49		
Purpose	e of Disbursement	111 300	113		_							
	RESEARCH FEES - HI VOTER ID STUDY				001 Amount of Each Disbursem			burseme	nt this	Period	b	
Candida	ate Name			Category/	/					5366	5.49	П
Office S	Sought: House Disburser	nent For:		Туре	-		7		7		_	
	Senate	Primary	General									
01-1-	President	Other (specify)	▼									
State:	District:											_
SUBTOTA	AL of Disbursements This Page (optional)			1	•					20540	.49	
						Ħ	-		7			Ħ
TOTAL TI	nis Period (last page this line number only)				•		-		,	20540).49	_

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

	9
X	10

OF

13

NAME OF COMMITTEE (In Full) WORKING FAMILIES FOR HAWAII A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRODUCTION COSTS FOR NEWSPAPER CORE GROUP ONE, INC. AD & RADIO Mailing Address 928 NUUANU AVENUE NO 100 State Zip Code HONOLULU 96817 Transaction ID: SD10.4361 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 6199.77 6199.77 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 6199.77 1) SUBTOTALS This Period This Page (optional)..... 6199.77 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...... 6199.77 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

1mage# 14978045269 PAGE 10 / 13

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SD10 Transaction ID: SD10.4361

ADDED A MEMO ENTRY ON SCHEDULE E - PAYMENT TO BE MADE IN FUTURE REPORTING.

Form/Schedule: Transaction ID:

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 11 OF 13 FOR LINE 24 OF FORM 3X				
ID	ENTIFICATION NUMBER ▼				
C00490193					
/	D = D / Y = Y = Y = Y				
blic	Distribution/Dissemination				
blic	Distribution/Dissemination D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WORKING FAMILIES FOR HAWAII	C C00490193
Check if 24-hour report 48-hour report New report Amends report filed o	n M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
CORE GROUP ONE, INC.	05 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
NO 100 City State Zip Code	57450.31
HONOLULU HI 96817 Ti	ransaction ID : SE.4339 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA - TELEVISION Category/ Type 004	05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:
BRIAN SCHATZ	President X Senate State: HI
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary General
	Other (specify) -
Full Name of Payee CORE GROUP ONE, INC.	Date of Public Distribution/Dissemination
Mailing Address 928 NUUANU AVENUE	06 25 2014 Amount
NO 100	E404E 40
	51045.40 ransaction ID : SE.4344 Date of Dishusament or Obligation
Purpose of Expenditure MEDIA-NEWSPAPER & RADIO ADS Category/ Type 004	Date of Disbursement or Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:
	President State: HI
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	108495.71
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 1/2 1 1 1/2 1 1 1/2 1
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Iris Chun [Electronically Filed] Date 09	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature Date 09	2017

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 12 OF 13 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		_
WORKING FAMILIES FOR HAWAII		FEC IDENTIFICATION NUMBER ▼
		C C00490193
Check if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
CORE GROUP ONE, INC. [MEMO ITEM] Mailing Address CORNILIANILIANIEM		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
928 NOUANU AVENUE		Amount
NO 100 City State	Zip Code	6199.77
HONOLULU HI	96817	Transaction ID : SE.4370
		Date of Disbursement or Obligation
Purpose of Expenditure PRODUCTION COSTS FOR NEWSPAPER & RADIO ADS	Category/ Type 004	06 / 25 / Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
BRIAN SCHATZ	Oppose	President State: HI
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	111620.69	2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		— — — — — — — — — — — — — — — — — — — —
		Amount
City State	Zip Code	
Only	Zip Oodo	
Discourse of Europediture		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		108495.71
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Iris Chun [Electron	nically Filed] Date	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

1mage# 14978045272 PAGE 13 / 13

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4370

THIS RELATES TO THE DEBT ON SCHEDULE D-PAYMENT TO BE MADE IN THE FUTURE REPORTING

PERIOD.

Form/Schedule: Transaction ID: