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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**

Hawaiian Airlines, Inc. Political Action Committee

Hawaiian Airlines, Inc.

ADDRESS (number and street) **3375 Koapaka Street**

Check if different than previously reported. (ACC)

Suite G350

Honolulu HI 96819 - 1804

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C 00456939

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

0 1 / 0 1 / 2 0 1 1 through 0 6 / 3 0 / 2 0 1 1

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

Type or Print Name of Treasurer Hoyt H. Zia

Signature of Treasurer 

Date M M / D D / Y Y Y Y

0 7 / 2 6 / 2 0 1 1

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

Office Use Only							
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FEC FORM 3X
Rev. 12/2004

11030641298

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Hawaiian Airlines, Inc. Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

To:

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2 0 1 1		5251 26
(b) Cash on Hand at Beginning of Reporting Period.....		5251 26	
(c) Total Receipts (from Line 19)		8250 00	8250 00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		13501 26	13501 26
7. Total Disbursements (from Line 31).....		2000 00	2000 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....		11501 26	11501 26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		0 00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		0 00	

This committee has qualified as a multicandidate 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

11030641299

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Hawaiian Airlines, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 1 1 To: M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1

11030641300

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A).....	8250 00	8250 00	
(ii) Unitemized.....	0 00	0 00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8250 00	8250 00	
(b) Political Party Committees.....	0 00	0 00	
(c) Other Political Committees (such as PACs).....	0 00	0 00	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	8250 00	8250 00	
12. Transfers From Affiliated/Other Party Committees.....	0 00	0 00	
13. All Loans Received.....	0 00	0 00	
14. Loan Repayments Received.....	0 00	0 00	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0 00	0 00	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0 00	0 00	
17. Other Federal Receipts (Dividends, Interest, etc.).....	0 00	0 00	
18. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3).....	0 00	0 00	
(b) Levin Funds (from Schedule H5).....	0 00	0 00	
(c) Total Transfers (add 18(a) and 18(b))..	0 00	0 00	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8250 00	8250 00	
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8250 00	8250 00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

11030641301

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 00	0 00
(ii) Non-Federal Share.....	0 00	0 00
(b) Other Federal Operating Expenditures	0 00	0 00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 00	0 00
22. Transfers to Affiliated/Other Party Committees	0 00	0 00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000 00	2000 00
24. Independent Expenditures (use Schedule E)	0 00	0 00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0 00	0 00
26. Loan Repayments Made.....	0 00	0 00
27. Loans Made.....	0 00	0 00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 00	0 00
(ii) "Levin" Share.....	0 00	0 00
(b) Federal Election Activity Paid Entirely With Federal Funds	0 00	0 00
(c) Total Federal Election Activity (add 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)) ..	2000 00	2000 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000 00	2000 00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8250 00	8250 00
34. Total Contribution Refunds (from Line 28(d))	0 00	0 00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8250 00	8250 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 00	0 00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 00	0 00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 00	0 00

11030641302

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 8

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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.

NAME OF COMMITTEE (In Full)

Hawaiian Airlines, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Peter R. Ingram		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 3375 Koapaka Street, Suite G350		Amount of Each Receipt this Period 1750 00
City Honolulu,	State HI	
Zip Code 96819		FEC ID number of contributing federal political committee. C
Name of Employer Hawaiian Airlines, Inc.		
Occupation EVP and CFO		Aggregate Year-to-Date ▼ 1750 00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Blaine Miyasato		Date of Receipt MM / DD / YYYY 03 / 30 / 2011
Mailing Address 3375 Koapaka Street, Suite G350		Amount of Each Receipt this Period 750 00
City Honolulu,	State HI	
Zip Code 96819		FEC ID number of contributing federal political committee. C
Name of Employer Hawaiian Airlines, Inc.		
Occupation VP, Product Development		Aggregate Year-to-Date ▼ 750 00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Nardello		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 3375 Koapaka Street, Suite G350		Amount of Each Receipt this Period 1250 00
City Honolulu,	State HI	
Zip Code 96819		FEC ID number of contributing federal political committee. C
Name of Employer Hawaiian Airlines, Inc.		
Occupation SVP, Operations		Aggregate Year-to-Date ▼ 1250 00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3750 00
TOTAL This Period (last page this line number only).....▶	

11030641303

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 8

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Hawaiian Airlines, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Osborne

Mailing Address

3375 Koapaka Street, Suite G350

City

Honolulu,

State

HI

Zip Code

96819

FEC ID number of contributing federal political committee.

C

Name of Employer

Hawaiian Airlines, Inc.

Occupation

EVP and CIO

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750 00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Amount of Each Receipt this Period

1750 00

Full Name (Last, First, Middle Initial)

B. John Wagner

Mailing Address

3375 Koapaka Street, Suite G350

City

Honolulu,

State

HI

Zip Code

96819

FEC ID number of contributing federal political committee.

C

Name of Employer

Hawaiian Airlines, Inc.

Occupation

VP, Public Affairs

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

750 00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Amount of Each Receipt this Period

750 00

Full Name (Last, First, Middle Initial)

C. Mark Dunkerley

Mailing Address

3375 Koapaka Street, Suite G350

City

Honolulu,

State

HI

Zip Code

96819

FEC ID number of contributing federal political committee.

C

Name of Employer

Hawaiian Airlines, Inc.

Occupation

President and CEO

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000 00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Amount of Each Receipt this Period

2000 00

SUBTOTAL of Receipts This Page (optional).....▶

4500 00

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

8250 00

11030641304

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaiian Airlines, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Mazie Hirono

Mailing Address
P.O. Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement

Contribution

Candidate Name

Mazie Hirono

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

0 1 1
1000 00

B. Case for Congress

Mailing Address
ASB Tower, Suite 2200

City Honolulu State HI Zip Code 96813

Purpose of Disbursement

Contribution

Candidate Name

Edward Case

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

0 1 1
1000 00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

2000 00

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

2000 00

11030641305

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

11030641306

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>7/26/11</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] *7/28/11*
 PREPARER DATE PREPARED