

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

ADDRESS (number and street) **3375 KOAPAKA STREET SUITE G350**
Check if different than previously reported. (ACC) **HONOLULU HI 96819**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00456939 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2018 through / / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Cummisky, Margaret, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Cummisky, Margaret, , ,* [Electronically Filed] Date / / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		53926.26
(b) Cash on Hand at Beginning of Reporting Period.....	52451.26	
(c) Total Receipts (from Line 19)	11450.00	29825.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63901.26	83751.26
7. Total Disbursements (from Line 31).....	7450.00	27300.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56451.26	56451.26
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2018 To: 06 / 30 / 2018

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	11450.00	29825.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11450.00	29825.00
(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)	11450.00	29825.00
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)).....▶	11450.00	29825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11450.00	29825.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	4500.00	19000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2950.00	8300.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	7450.00	27300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7450.00	27300.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	11450.00	29825.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11450.00	29825.00
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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<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

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

A. Helfrick, Jeffrey, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Hawaiian Airlines, Inc.	Occupation (for Individual) Vice President - Airport Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
1250.00

Memo Item

B. Hirashima, K., Sayle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3375 Koapaka St

City Honolulu	State HI	Zip Code 96819
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hawaiian Airlines, Inc.	Occupation (for Individual) VP, Controller
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2018

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period
1200.00

Memo Item

C. Mannis, Avi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3375 Koapaka St
Suite G350

City Honolulu	State HI	Zip Code 96819
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hawaiian Airlines, Inc.	Occupation (for Individual) SVP, Marketing
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2018

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<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

A. Okinaka, Shannon, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3375 Koapaka St
 Suite G350
 City Honolulu State HI Zip Code 96819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaiian Airlines, Inc. Occupation (for Individual) EVP, Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 02 / 2018**
Transaction ID : SA11AI.4618
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Rewick, Kenneth, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3375 Koapaka St
 Suite G350
 City Honolulu State HI Zip Code 96819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaiian Airlines, Inc. Occupation (for Individual) VP, Flight Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 02 / 2018**
Transaction ID : SA11AI.4619
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Schaefer, John, F., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3375 Koapaka St
 Suite G350
 City Honolulu State HI Zip Code 96819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaiian Airlines, Inc. Occupation (for Individual) VP, Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **04 / 17 / 2018**
Transaction ID : SA11AI.4624
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 11
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sparling Tatro, Robin, , ,

Mailing Address 3375 Koapaka St
Suite G350

City Honolulu State HI Zip Code 96819

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hawaiian Airlines, Inc. Occupation (for Individual) VP, Inflight

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2018

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period
1250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	11450.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. DEFEND AMERICA PAC		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018
Mailing Address PO BOX 2626		FEC Identification Number C00325993 Transaction ID : SB23.4631 Amount of Each Disbursement this Period 2500.00
City TUSCALOOSA	State AL	Zip Code 35403
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. DOUG CHIN FOR HAWAII		Date of Disbursement MM / DD / YYYY 04 / 16 / 2018
Mailing Address PO BOX 2018		FEC Identification Number C00663591 Transaction ID : SB23.4654 Amount of Each Disbursement this Period 1000.00
City HONOLULU	State HI	Zip Code 96805
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name CHIN, DOUG, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: HI District: 01		

Full Name (Last, First, Middle Initial) C. KLOBUCHAR FOR MINNESOTA		Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address PO BOX 4146		FEC Identification Number C00431353 Transaction ID : SB23.4630 Amount of Each Disbursement this Period 1000.00
City ST PAUL	State MN	Zip Code 55104
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name KLOBUCHAR, AMY, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00

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)

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

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NAME OF COMMITTEE (In Full)
HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE

A. David Ige for Governor

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 2999

City Aiea State HI Zip Code 96701

Purpose of Disbursement: Nonfederal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 26 / 2018

FEC Identification Number: C
Transaction ID : SB29.4648
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Friends of Henry Aquino

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 970081

City Waipahu State HI Zip Code 96797

Purpose of Disbursement: Nonfederal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 02 / 2018

FEC Identification Number: C
Transaction ID : SB29.4638
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Friends of Mark Nakashima

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 438

City HONOKAA State HI Zip Code 96727

Purpose of Disbursement: Nonfederal contribution, check voided

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 30 / 2018

FEC Identification Number: C
Transaction ID : SB29.4659
Amount of Each Disbursement this Period: - 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1000.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 Scott Saiki		Date of Disbursement MM / DD / YYYY 04 / 16 / 2018	
Mailing Address P.O. Box 12022		FEC Identification Number C [REDACTED] Transaction ID : SB29.4650 Amount of Each Disbursement this Period 500.00	
City Honolulu	State HI	Zip Code 96828	Category/ Type
Purpose of Disbursement Nonfederal contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Friends of Sylvia Luke		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018	
Mailing Address P. O. Box 2804		FEC Identification Number C [REDACTED] Transaction ID : SB29.4639 Amount of Each Disbursement this Period 500.00	
City Honolulu	State HI	Zip Code 96803	Category/ Type
Purpose of Disbursement Nonfederal contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. J. Kalani English Election Committee		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018	
Mailing Address P.O. Box 878		FEC Identification Number C [REDACTED] Transaction ID : SB29.4645 Amount of Each Disbursement this Period 500.00	
City Hana, Maui	State HI	Zip Code 96713-0878	Category/ Type
Purpose of Disbursement Nonfederal contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	2500.00