

# 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.   
State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  04 / 01 / 2020 through  06 / 30 / 2020

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

Signature of Treasurer Smith, James, M, Mr., *[Electronically Filed]* Date  07 / 14 / 2020

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)

Write or Type Committee Name

**State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)**

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="2020"/>		183148.43
(b) Cash on Hand at Beginning of Reporting Period.....	187217.92	
(c) Total Receipts (from Line 19) .....	41643.54	45713.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	228861.46	228861.46
7. Total Disbursements (from Line 31).....	39000.00	39000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	189861.46	189861.46
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)**

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

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).....	0.00	0.00
(ii) Unitemized .....	4105.50	8173.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4105.50	8173.50
(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) .....	4105.50	8173.50
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.).....	37538.04	37539.53
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)).....▶	41643.54	45713.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	41643.54	45713.03

**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 .....	1000.00	1000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1000.00	1000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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).....	38000.00	38000.00
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)) ..	39000.00	39000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39000.00	39000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4105.50	8173.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4105.50	8173.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1000.00	1000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1000.00	1000.00

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)

Full Name (Last, First, Middle Initial)

### A. IRS

Mailing Address Ogden

City  
Ogden

State  
UT

Zip Code  
84201

Purpose of Disbursement  
Federal Tax Deposit Form 1120-POL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2020

FEC Identification Number

C

Transaction ID : SB21B.4888

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

### B.

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 M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

### C.

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 M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

1000.00
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1000.00
---------

**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)

**State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)**

Full Name (Last, First, Middle Initial)

**A. Aki, Jacob, , ,**

Mailing Address P.O.Box 2519

City  
Honolulu

State  
HI

Zip Code  
96804

Purpose of Disbursement  
Local Election Hnl City Council Dist 7

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4896**

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aquino, Pratt, , ,**

Mailing Address P.O. Box 1404

City  
Kaneohe

State  
HI

Zip Code  
96744

Purpose of Disbursement  
Local Election State House Rep Dist 48

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4886**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blangiardi, Rick, , ,**

Mailing Address P.O.Box 1514

City  
Honolulu

State  
HI

Zip Code  
96806

Purpose of Disbursement  
Local Election for Hnl Mayor

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4871**

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

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

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

[REDACTED] 10000.00

[REDACTED]

**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)

**State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)**

Full Name (Last, First, Middle Initial)

**A. Branco, Patrick, Pihana, ,**

Mailing Address P.O. Box 91  
K

City Kailua State HI Zip Code 96734

Purpose of Disbursement  
Local Election State Hse Rep

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4870**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fevella, Kurt, , ,**

Mailing Address 91-941 Ikuhuni Street

City Ewa Beach State HI Zip Code 96706

Purpose of Disbursement  
Local Election State House Rep Dist 19

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4884**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Garcia, Diamond, , ,**

Mailing Address 87-123 Helelua Street

City Waianae State HI Zip Code 96792

Purpose of Disbursement  
Local Election State Hse Rep Dist 43

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4882**  
Amount of Each Disbursement this Period

Memo Item

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

**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)

**State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)**

Full Name (Last, First, Middle Initial)

**A. Hashimoto, Troy, , ,**

Mailing Address P.O. Box 3028

City  
Wailuku

State  
HI

Zip Code  
96793

Purpose of Disbursement  
Local Election State Rep Dist 8-Maui

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4879**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kia'aina, Esther, , ,**

Mailing Address P.O. Box 1570

City  
Kailua

State  
HI

Zip Code  
96734

Purpose of Disbursement  
Local Election for Hnl City Council Dist 3

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4873**

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paris, Makana, , ,**

Mailing Address 1110 Nuuanu Avenue # 6

City  
Honolulu

State  
HI

Zip Code  
96817

Purpose of Disbursement  
Local Election City Council Dist 1

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.4885**

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

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

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

[REDACTED] 10000.00

[REDACTED]

**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)  
**State of Hawaii Organization of Police Officers ( SHOPO Political Action Fund)**

**A. Roth, Mitch, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1635

City Hilo State HI Zip Code 96721

Purpose of Disbursement  
Local Election of HI County Mayor

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.4869

Amount of Each Disbursement this Period: 4000.00

Memo Item

**B. Sugimura, Yuki, Lei, ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 901362

City Kula State ID Zip Code 96790

Purpose of Disbursement  
Local Election County Council Maui

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB29.4881

Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Tulba, Augie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2765

City Ewa Beach State HI Zip Code 96706

Purpose of Disbursement  
Local Election Hnl City Council Dist 9

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB29.4877

Amount of Each Disbursement this Period: 4000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	38000.00