RECEIVED 2014 AUG 13 AM 8: 06 FEC MAIL CENTER

Committee Name:	
Independent Workers for a Better Hawaii	
If registered, FEC ID:	
Today's Date:	
08/06/2014	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Jonathan Lai

, Treasurer

2014 AUG 13 AM 8: 06

FEC MAIL CENTER

Transmittal Memorandum

TO

: Federal Election Commission

999 E Street, N.W. Washington, DC 20463

FROM

: Calvert G. Chipchase

Phone Number:

(808) 521-9220

E-mail Address:

cchipchase@cades.com

DATE

: August 7, 2014

RE

: Independent Workers for a Better Hawaii

We are sending you the following:

ORIG.	COPIES	DATED	DESCRIPTION
X	operios. This is Releas	08/06/2014	FEC Form 1 – Statement of Organization - Signed by J. Lai, Treasurer
		08/06/2014	Independent Expenditures Letter - Signed by J. Lai, Treasurer
23) 2 ***}	
□ For □ Per □ For	your information your files your request our conversation necessary ac returned herev	on tion	☐ For signature and return ☐ For signature, forwarding, as noted below & return ☐ For review & comment ☐ For distribution ☐ For recording/filing
REMA	RKS:	5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	nto policina di tata di Paris di Maria di Maria Maria di Maria di Ma
4	contact me dire t. Thank you.		equire any additional information to process this

C S

Cades Schutte Building 1000 Bishop Street, Suite 1200 Honolulu, Hawaii 96813 Tel: 808.521-9200 Fax: 808.521-9210 www.cades.com

Kona Office 75-170 Hualalai Road, Suite B-303 Kailua Kona, Hawaii 96740 Tel: 808.329-5811 Fax: 808.326-1175 Maui Office 444 Hana Highway, Suite 204 Kahului, Hawaii 96732 Tel: 808.871.6016 Fax: 808.871.6017

1408 - 120 - MY12

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

2014 AUG 13 AM 8: 06

FORIVI I			FEC MAN	UBEANTER
NAME OF COMMITTEE (in full	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Ійререйрейт, м	orkers for a bette	R HAWAII,	<u> </u>	
LIIII				
ADDRESS (number and s	treet) 502 2ND STREE	T, SE,#C, , , , , ,		
(Check if addr	ess LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	_		
	WASHINGTON CITY A		DC 200 STATE ▲	03 -
COMMITTEE'S E-MAIL	ADDRESS			
(Check if addr is changed)	ess [iwfabh@gmai],	com	<u> </u>	
	Optional Second E-Mail	Address	,	
				·.
				•
COMMITTEE'S WEB PA	GE ADDRESS (URL)		·	
(Check if addr is changed)	ess NA			
÷				
			e e e e e e e e e e e e e	مين ويود المعادل والماد الماد الم
2. DATE 08	06 2014		•	
3. FEC IDENTIFICAT	ION NUMBER ▶			
4. IS THIS STATEMEN	IT NEW (N) OR	AMENDED (A)		
I certify that I have exam	nined this Statement and to the be	est of my knowledge and belief	it is true, correct and co	omplete.
Type or Print Name of T	reasurer JONATHAN LAI			
Signature of Treasurer	Mi		Date 08	06 / 2014
NOTE: Submission of false	e, erroneous, or incomplete information	on may subject the person signing		nalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	contact: F	EC FORM 1 Revised 06/2012)

- 1 2 8
- 27/17

5.

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	e Committee:	
(a)	u	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name Cand			
Cand Party	lidate Affiliati	Office Sought: House Senate President	State
			District
(c)	Ц	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation Corporation w/o Capital Stock	_abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	Contraction of the Contraction o	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

		_
FEC Form 1 (Revised		Page 3
Write or Type Committee Name INDEPENDENT WORKE	e ERS FOR A BETTER HAWAII	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
[иоџе]		
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the persor	n in possession of committee
Full Name RALPH	I,WĮNNĮE, , , , , , , , , , , , , , , , , , ,	<u> </u>
Mailing Address	502 2ND STREET SE #C	
		<u> </u>
	WASHINGTON DC 2	20003 -
Title or Position	CITY STATE	ZIP CODE
CHAIR	Telephone number]-[
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name of Treasurer JONAT	HAN LAI, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1
Mailing Address	PO BOX 6142	<u> </u>
		<u> </u>
	камерне,	9,6744]-
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	<u> </u>

TEC FOI	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	BOYD, AKASE, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII]] ; ;]]	4 1 1 1 1 1 1 1 1 1
Mailing Address	PO BOX 6142		
	KAŅEOHE CITY	HI STATE	9,6744
Title or Position	T _I TREASURER	e number	
Banks or Other safety deposit b Name of Bank,	Depositories: List all banks or other depositories in which the coxes or maintains funds. Depository, etc. .	mmittee deposits f	unds, holds accounts, rents
	FIRST HAWAIIAN BANK		
Mailing Address	1999 BISHOP ST		
	Гноиогага така	HI	96813 -
	CITY	STATE	ZIP CODE
Name of Bank,		STATE	ZIP CODE
Name of Bank,		STATE	ZIP CODE
Name of Bank, Mailing Address		STATE	ZIP CODE
		STATE	ZIP CODE
		STATE	ZIP CODE

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Cades Schutte Building 1000 Bishop Street, Suite 1200 Honolulu, Hawaii 96813

(CGC) 9990-1001

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

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DATE PREPARED

PREPÁRER (8/2013)

Other (Specify):