

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) WORKING FAMILIES FOR HAWAII

ADDRESS (number and street) 888 MILILANI STREET HONOLULU HI 96813

2. FEC IDENTIFICATION NUMBER C00490193 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 14 2010 through 11 22 2010

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 Derek Mizuno Signature of Treasurer Electronically Filed by Derek Mizuno Date 11 23 2010

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

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
WORKING FAMILIES FOR HAWAII

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	29.26									
(c) Total Receipts (from Line 19) .....	148207.00	251419.54								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	148236.26	251419.54								
7. Total Disbursements (from Line 31) .....	144219.73	247403.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4016.53	4016.53								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
WORKING FAMILIES FOR HAWAII

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	105000.00	205000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	105000.00	205000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	40000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	145000.00	245000.00
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) .....	3207.00	6419.54
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 Transfer (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)) .....	148207.00	251419.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	148207.00	251419.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	3217.00	6429.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3217.00	6429.54
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 Expenditure (use Schedule E) .....	141002.73	240973.47
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	144219.73	247403.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	144219.73	247403.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	145000.00	245000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	145000.00	245000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3217.00	6429.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	3207.00	6419.54
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10.00	10.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 10
	(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

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)  
**WORKING FAMILIES FOR HAWAII**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO</b>		Date of Receipt
	Mailing Address <b>1625 L STREET N.W.</b>		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	<b>WASHINGTON</b>	<b>DC</b>	<b>20036</b>
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID: SA11AI.4166</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="200000.00"/>	<input type="text" value="100000.00"/>
			<b>CONTRIBUTION - WIRE</b>

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>IBEW - COPE</b>		Date of Receipt
	Mailing Address <b>900 SEVENTH STREET, N.W.</b>		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	<b>WASHINGTON</b>	<b>DC</b>	<b>20001</b>
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID: SA11AI.4169</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
			<b>CONTRIBUTION</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="105000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="105000.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 10	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
WORKING FAMILIES FOR HAWAII

A.

Full Name (Last, First, Middle Initial)  
WORKING FOR WORKING AMERICANS

Mailing Address 6801 PLACID STREET

City State Zip Code  
LAS VEGAS NV 89119

FEC ID number of contributing federal political committee. **C** C30000764

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11C.4135

Amount of Each Receipt this Period  
40000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 10	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WORKING FAMILIES FOR HAWAII

A.

Full Name (Last, First, Middle Initial)  
HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

Mailing Address 888 MILILANI STREET  
SUITE 601

City HONOLULU State HI Zip Code 96813

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6419.54

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA15.4164

Amount of Each Receipt this Period  
3207.00

In-kind - ADMINISTRATIVE/-  
SALARY COSTS

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3207.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3207.00

**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)

PAGE 9 / 10

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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)  
WORKING FAMILIES FOR HAWAII

A.

Full Name (Last, First, Middle Initial)  
HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

Transaction ID: SB21B.4165

Date of Disbursement

Mailing Address 888 MILILANI STREET  
SUITE 601

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		2	2		2	0	1	0

City HONOLULU State HI Zip Code 96813

Amount of Each Disbursement this Period

3207.00
---------

Purpose of Disbursement  
In-kind - ADMINISTRATIVE/SALARY COSTS

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

3207.00
---------

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

3207.00
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# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WORKING FAMILIES FOR HAWAII	FEC IDENTIFICATION NUMBER <b>C</b> C00490193
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
HENDRIX MIYASAKI SHIN ADVERTISING

---

Mailing Address  
1580 MAKALOA STREET  
SUITE 945

---

City HONOLULU	State HI	Zip Code 96814
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Purpose of Expenditure Television Ads	Category/ Type 004
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Colleen Hanabusa

---

Calendar Year-To-Date Per Election for Office Sought	139970.73
---	-----------

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

---

Amount  
39999.99

Transaction ID: SE.4121

---

Office Sought:  House State: HI  
 Senate District: 01  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
HENDRIX MIYASAKI SHIN ADVERTISING

---

Mailing Address  
1580 MAKALOA STREET  
SUITE 945

---

City HONOLULU	State HI	Zip Code 96814
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---

Purpose of Expenditure RADIO SPOT AND PRINT ADS	Category/ Type 004
---	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Colleen Hanabusa

---

Calendar Year-To-Date Per Election for Office Sought	240973.47
---	-----------

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

---

Amount  
101002.74

Transaction ID: SE.4155

---

Office Sought:  House State: HI  
 Senate District: 01  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	141002.73
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	141002.73

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Derek Mizuno  
Signature

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