

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 HONOLULU HI 96819

2. FEC IDENTIFICATION NUMBER C00456939 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2018 through 03 / 31 / 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 04 / 13 / 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)

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.....	53926.26	
(c) Total Receipts (from Line 19)	18375.00	18375.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72301.26	72301.26
7. Total Disbursements (from Line 31).....	19850.00	19850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52451.26	52451.26
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

FEC Form 3X (Rev. 05/2016)

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 Y 01 / 01 / 2018 To: M M / D D / Y Y Y Y Y 03 / 31 / 2018

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).....	18375.00	18375.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18375.00	18375.00
(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)	18375.00	18375.00
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)).....▶	18375.00	18375.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18375.00	18375.00

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.....	14500.00	14500.00
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).....	5350.00	5350.00
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)) ..	19850.00	19850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19850.00	19850.00

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)	18375.00	18375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18375.00	18375.00
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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Alter, Aaron, J., ,
 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 Legal Officer and Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2018

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Berry, Karen, A., ,
 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, Labor & Employee Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2018

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
 1125.00

Memo Item

C. Botticelli, Ann, R., ,
 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) SVP, Corporate Communications & Pub

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
 02 / 27 / 2018

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5625.00
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 13
<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. Falvey, Barbara, D., ,
 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) SVP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11AI.4581
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Ingram, Peter, R., ,
 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) EVP and Chief Commercial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 27 / 2018
Transaction ID : SA11AI.4582
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Landers, James, W., ,
 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, Maintenance and Engineering
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 30 / 2018
Transaction ID : SA11AI.4583
 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: (check only one)	PAGE 8 OF 13
<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. Overbeek, Brent, A., ,
 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, Network Planning & Revenue Mgm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : SA11AI.4584
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Snook, Jonathan, D., ,
 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 Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2018
Transaction ID : SA11AI.4585
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	18375.00

**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

A. DENHAM FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement 011 Category/Type

Candidate Name **DENHAM, JEFF, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 10

Date of Disbursement: 03 / 12 / 2018

FEC Identification Number: **C00473272**
Transaction ID : **SB23.4587**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement 011 Category/Type

Candidate Name **HIRONO, MAZIE K, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: HI District: 00

Date of Disbursement: 02 / 14 / 2018

FEC Identification Number: **C00420760**
Transaction ID : **SB23.4589**
Amount of Each Disbursement this Period: 2700.00

Memo Item

C. HAWAII PAC

Full Name (Last, First, Middle Initial)
Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 01 / 02 / 2018

FEC Identification Number: **C00567693**
Transaction ID : **SB23.4599**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8700.00

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 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

A. MAJORITY COMMITTEE PAC--MC PAC

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement 011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 01 / 10 / 2018

FEC Identification Number: C00428052
Transaction ID : SB23.4563
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. MONTANANS FOR TESTER

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement 011 Category/Type

Candidate Name TESTER, JON , , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: MT District: 00

Date of Disbursement: 03 / 12 / 2018

FEC Identification Number: C00412304
Transaction ID : SB23.4611
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. PINEAPPLE PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 02 / 14 / 2018

FEC Identification Number: C00539601
Transaction ID : SB23.4609
Amount of Each Disbursement this Period: 2300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5800.00
TOTAL This Period (last page this line number only).....▶	14500.00

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

Full Name (Last, First, Middle Initial) A. David Ige for Governor		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018	
Mailing Address P. O. Box 2999			
City Aiea	State HI	Zip Code 96701	
Purpose of Disbursement Nonfederal Contribution		<input type="checkbox"/>	FEC Identification Number C Transaction ID : SB29.4601 Amount of Each Disbursement this Period 2000.00
Candidate Name		Category/ Type	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Friends for Donovan Dela Cruz		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018	
Mailing Address P.O. Box 860340			
City Wahiawa	State HI	Zip Code 96786	
Purpose of Disbursement Nonfederal Contribution		<input type="checkbox"/>	FEC Identification Number C Transaction ID : SB29.4591 Amount of Each Disbursement this Period 500.00
Candidate Name		Category/ Type	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Friends of Jill Tokuda		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018	
Mailing Address P.O. Box 1039			
City Kaneohe	State HI	Zip Code 96744-9168	
Purpose of Disbursement Nonfederal Contribution		<input type="checkbox"/>	FEC Identification Number C Transaction ID : SB29.4608 Amount of Each Disbursement this Period 500.00
Candidate Name		Category/ Type	
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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	3000.00
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

A. Friends of Joy San Buenaventura

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1675

City Keaau State HI Zip Code 96749

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB29.4607

Amount of Each Disbursement this Period: 250.00

Memo Item

B. Friends of Kai Kahele

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB29.4603

Amount of Each Disbursement this Period: 250.00

Memo Item

C. Friends of Lorraine R. Inouye

Full Name (Last, First, Middle Initial)

Mailing Address 215 Paukaa Drive

City Hilo State HI Zip Code 96720

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB29.4602

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 Lynn DeCoite		Date of Disbursement MM / DD / YYYY 02 / 20 / 2018	
Mailing Address PO Box 52		FEC Identification Number C [] Transaction ID : SB29.4590 Amount of Each Disbursement this Period [] 250.00	
City Kaunakakai	State HI	Zip Code 96748	Category/ Type []
Purpose of Disbursement Nonfederal contribution		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hanabusa for Governor		Date of Disbursement MM / DD / YYYY 03 / 06 / 2018	
Mailing Address PO Box 2234		FEC Identification Number C [] Transaction ID : SB29.4593 Amount of Each Disbursement this Period [] 1000.00	
City Honolulu	State HI	Zip Code 96804	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1250.00
TOTAL This Period (last page this line number only).....▶	[] 5250.00