

**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

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

ADDRESS (number and street) ▼

1717 Hoe Street

☐ Check if different than previously reported. (ACC)

Honolulu

HI

96819

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00510974

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

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

HI

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Mr. James M Smith

Signature of Treasurer

Mr. James M Smith

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		322001.12
(b) Cash on Hand at Beginning of Reporting Period.....	187004.59	
(c) Total Receipts (from Line 19)	5537.04	32145.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	192541.63	354146.23
7. Total Disbursements (from Line 31)	12097.18	173701.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	180444.45	180444.45
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. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

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).....	5533.50	30412.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5533.50	30412.00
(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)	5533.50	30412.00
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.).....	3.54	1733.11
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))	5537.04	32145.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5537.04	32145.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	10597.18	129740.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10597.18	129740.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	5371.74
25. Coordinated Party Expenditures (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	1500.00	28590.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	12097.18	173701.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12097.18	173701.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	5533.50	30412.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5533.50	30412.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	10597.18	129740.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	10597.18	129740.04

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 9

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

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

Full Name (Last, First, Middle Initial)

A. Shopo allocated Union Member Dues

Mailing Address 1717 Hoe Street

City State Zip Code
Honolulu HI 96819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11039.50

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

2749.00

Shopo Allocated Union Member Dues

Full Name (Last, First, Middle Initial)

B. Shopo allocated Union Member Dues

Mailing Address 1717 Hoe Street

City State Zip Code
Honolulu HI 96819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13824.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2012

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period

2784.50

Shopo Allocated Member dues

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

5533.50

5533.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Garden Island

Mailing Address P.O. Box 231

City	State	Zip Code
Lihue	HI	96766

Purpose of Disbursement
Newspaper Political Ads for Non Federal Candidates

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : SB21B.4315

Amount of Each Disbursement this Period

2144.78

Full Name (Last, First, Middle Initial)

B. Hawaii Tribune

Mailing Address 355 Kinoole Street

City	State	Zip Code
Hilo	HI	96721

Purpose of Disbursement
Newspaper Political Ads for Non Federal Candidate

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : SB21B.4316

Amount of Each Disbursement this Period

2837.12

Full Name (Last, First, Middle Initial)

C. The Maui News

Mailing Address 100 Mahalani Street

City	State	Zip Code
Wailuku	HI	96793

Purpose of Disbursement
Newspaper Political Ads for Non Federal Candidates

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2012

Transaction ID : SB21B.4317

Amount of Each Disbursement this Period

903.24

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

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

5885.14

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Wikoff Combs & Co., LLCMailing Address 1001 Bishop Street
Suite 2760

City Honolulu State HI Zip Code 96819-3125

Purpose of Disbursement
CPA-Acctg & Tax matters

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SB21B.4318

Amount of Each Disbursement this Period

4712.04

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

4712.04

10597.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 9

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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. Gil-Keith Agaran

Mailing Address P.O. Box 968

City	State	Zip Code
Wailuku	HI	96793

Purpose of Disbursement	011 Category/ Type
Local Election contribution for State House of Representatives	

Candidate Name

Gil-Keith Agaran

Office Sought:	House
	Senate
	President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : SB29.4320

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ross Kagawa

Mailing Address 4117 Puaole Street

City	State	Zip Code
Lihue	HI	96766

Purpose of Disbursement	011 Category/ Type
Local election contribution for Kauai County Council	

Candidate Name

Ross Kagawa

Office Sought:	House
	Senate
	President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2012

Transaction ID : SB29.4322

Amount of Each Disbursement this Period

500.00

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

Amount of Each Disbursement this Period

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

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

1500.00

1500.00
