

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Hawaii PAC

Report Covering the Period: From: 02 / 01 / 2024 To: 02 / 29 / 2024

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2024 | | 62897.06 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 46659.59 | |
| (c) Total Receipts (from Line 19) | 104500.00 | 117000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 151159.59 | 179897.06 |
| 7. Total Disbursements (from Line 31)..... | 47042.02 | 75779.49 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 104117.57 | 104117.57 |
| 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Hawaii PAC

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)..... | 56500.00 | 64000.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 56500.00 | 64000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 48000.00 | 53000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 104500.00 | 117000.00 |
| 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)).....▶ | 104500.00 | 117000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 104500.00 | 117000.00 |

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 | 42042.02 | 65779.49 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 42042.02 | 65779.49 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 5000.00 |
| 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 | 5000.00 | 5000.00 |
| (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))..... | 5000.00 | 5000.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 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)) .. | 47042.02 | 75779.49 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 47042.02 | 75779.49 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 104500.00 | 117000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 5000.00 | 5000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 99500.00 | 112000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 42042.02 | 65779.49 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 42042.02 | 65779.49 |

**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 22 |
| | <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)
Hawaii PAC

| | | |
|---|--------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cardoza, Miguel, , , | | Date of Receipt MM / DD / YYYY 02 / 02 / 2024 |
| Mailing Address 110 Blue Quail Dr | | Transaction ID : 10722099 |
| City Georgetown | State TX | Zip Code 78628-9519 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer (for Individual) Trident Research | Occupation (for Individual) Owner | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | * Earmarked Contribution through ActBlue on 02/04/2024 |

| | | |
|---|--------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chiue, Nancy, , , | | Date of Receipt MM / DD / YYYY 02 / 23 / 2024 |
| Mailing Address 3405 Ballard Dr | | Transaction ID : 10831752 |
| City Southlake | State TX | Zip Code 76092-3257 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer (for Individual) Sumitomo Pharma America | Occupation (for Individual) Sales | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | * Earmarked Contribution through ActBlue on 02/25/2024 |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Clarkson, Llayron, L., , Jr | | Date of Receipt MM / DD / YYYY 02 / 23 / 2024 |
| Mailing Address 8181 El Mundo St Apt 2603 | | Transaction ID : 10833669 |
| City Houston | State TX | Zip Code 77054-4159 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10000.00 |
| Name of Employer (for Individual) Clarkson Aerospace Corporation | Occupation (for Individual) Vice President | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 13500.00 |
| 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 22 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Comly, Renee, , , | | Date of Receipt MM / DD / YYYY 02 / 14 / 2024 |
| Mailing Address 8921 Woodward Rd | | Transaction ID : 10782810 |
| City Marshall | State VA | Zip Code 20115-3310 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer (for Individual) W2E Group | Occupation (for Individual) President | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | * Earmarked Contribution through ActBlue on 02/18/2024 |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dwyer, Denis, J., , II | | Date of Receipt MM / DD / YYYY 02 / 05 / 2024 |
| Mailing Address 1201 Pennsylvania Ave NW Ste 800 | | Transaction ID : 10735752 |
| City Washington | State DC | Zip Code 20004-2401 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer (for Individual) Williams & Jensen, PLLC | Occupation (for Individual) President | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Freda, Scott, C., , | | Date of Receipt MM / DD / YYYY 02 / 20 / 2024 |
| Mailing Address 348 Franklin Ct | | Transaction ID : 10833672 |
| City Ambler | State PA | Zip Code 19002-1019 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer (for Individual) SCF Consulting, LLC | Occupation (for Individual) President | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 2500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| 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: PAGE 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hawaii PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Fukunaga, Mark, H., ,

Mailing Address 1935 Paula Dr

City Honolulu State HI Zip Code 96816-3939

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

Name of Employer (for Individual) Servco Pacific, Inc. Occupation (for Individual) Executive Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2024

Transaction ID : 10833651

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gould, Peter, , ,

Mailing Address 1226 Aldebaran Dr

City Mclean State VA Zip Code 22101-2305

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

Name of Employer (for Individual) Boundary Stone Partners Occupation (for Individual) Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : 10831749

Amount of Each Receipt this Period
2500.00

Memo Item

* Earmarked Contribution through ActBlue on 02/25/2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Knobbe, Edward, , ,

Mailing Address 3750 Keri Way

City Fallbrook State CA Zip Code 92028-8139

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

Name of Employer (for Individual) Spectrum Photonics Occupation (for Individual) President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2024

Transaction ID : 10782811

Amount of Each Receipt this Period
2500.00

Memo Item

* Earmarked Contribution through ActBlue on 02/18/2024

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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: | PAGE 9 OF 22 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

A. Pertula, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1324 Hill St
 City Santa Monica State CA Zip Code 90405-4724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kirra Consulting Occupation (for Individual) Consultant
 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 / 20 / 2024
Transaction ID : 10831750
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 * Earmarked Contribution through ActBlue on 02/25/2024

B. Rainwater, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5117 Cheneau Ln
 City Baton Rouge State LA Zip Code 70808-5180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rainwater Consulting, LLC Occupation (for Individual) Consultant
 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 / 19 / 2024
Transaction ID : 10831748
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 * Earmarked Contribution through ActBlue on 02/25/2024

C. Reeves, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2932 Makalei Pl
 City Honolulu State HI Zip Code 96815-4743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : 10833664
 Amount of Each Receipt this Period
 5000.00
 Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| 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: | PAGE 10 OF 22 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rich, Stacy, , , | | Date of Receipt MM / DD / YYYY 02 / 25 / 2024 |
| Mailing Address 5612 Bent Branch Rd | | Transaction ID : 10831753 |
| City Bethesda | State MD | Zip Code 20816-1048 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer (for Individual) Cornerstone Government Affairs | Occupation (for Individual) Government Relations | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | * Earmarked Contribution through ActBlue on 02/25/2024 |

| | | |
|---|-------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roh, Jeffrey, , , | | Date of Receipt MM / DD / YYYY 02 / 23 / 2024 |
| Mailing Address 1920 4th Ave Unit 2302 | | Transaction ID : 10831751 |
| City Seattle | State WA | Zip Code 98101-5123 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer (for Individual) IntuitiveX | Occupation (for Individual) CEO | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | * Earmarked Contribution through ActBlue on 02/25/2024 |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sasaki, Peter, , , | | Date of Receipt MM / DD / YYYY 02 / 05 / 2024 |
| Mailing Address 166 E 61st St Apt 14G | | Transaction ID : 10750729 |
| City New York | State NY | Zip Code 10065-8521 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer (for Individual) CGS Associates | Occupation (for Individual) Finance | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 5000.00 | * Earmarked Contribution through ActBlue on 02/11/2024 |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| 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: PAGE 11 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hawaii PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Silbey, Alex, , ,

Mailing Address **906 3rd PI SE**

City **Washington** State **DC** Zip Code **20003-3487**

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

Name of Employer (for Individual) **ATS Communications** Occupation (for Individual) **Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2024

Transaction ID : 10750730

Amount of Each Receipt this Period
5000.00

Memo Item

* Earmarked Contribution through ActBlue on 02/11/2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Sullivan, Patrick, K., ,

Mailing Address **368 Dune Cir**

City **Kailua** State **HI** Zip Code **96734-2139**

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

Name of Employer (for Individual) **Oceanit** Occupation (for Individual) **Founder, Chairman**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2024

Transaction ID : 10833656

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Tunica-Biloxi Tribe of Louisiana

Mailing Address **150 Melacon Rd**

City **Marksville** State **LA** Zip Code **71351-3065**

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 ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2024

Transaction ID : 10833661

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **11000.00**

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: | PAGE 12 OF 22 |
| (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 | |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

A. ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
29500.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024

Transaction ID : 10831753E

Amount of Each Receipt this Period
29500.00

Memo Item

Note: Total contribution(s) earmarked through this organization.

B.

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
MM / DD / YYYY

Amount of Each Receipt this Period

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 56500.00 |

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 13 OF 22 |
| <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)
Hawaii PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Ave NW
FI 8

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2024

Transaction ID : 10911025

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Brownstein Hyatt Farber Schreck PAC

Mailing Address 410 17th St
Ste 2200

City Denver State CO Zip Code 80202-4432

FEC ID number of contributing federal political committee. **C** C00390583

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2024

Transaction ID : 10735747

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Center for Sportfishing Policy Political Action Committee

Mailing Address 701 8th St NW
Ste 500

City Washington State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00435024

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2024

Transaction ID : 10833660

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 15000.00 |
| 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: PAGE 14 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hawaii PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Chugach Alaska Corporation PAC

Mailing Address 3800 Centerpoint Dr
Ste 1200

City Anchorage State AK Zip Code 99503-5825

FEC ID number of contributing federal political committee. **C** C00564377

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2024

Transaction ID : 10735728

Amount of Each Receipt this Period
3000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hawaiian Airlines, Inc. PAC

Mailing Address 3375 Koapaka St
Ste G350

City Honolulu State HI Zip Code 96819-1804

FEC ID number of contributing federal political committee. **C** C00456939

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2024

Transaction ID : 10833655

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Huntington Ingalls Industries, Inc. Employees Political Action Committee (HIIPAC)

Mailing Address 2451 Crystal Dr
Ste 1100

City Arlington State VA Zip Code 22202-4804

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : 10833673

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 13000.00

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 15 OF 22 |
| <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)
Hawaii PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave NW

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20005-4171 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : 10833662

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. National Cable and Telecommunications Association PAC

Mailing Address 25 Massachusetts Ave NW
Ste 100

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20001-1434 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2024

Transaction ID : 10735730

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Wells Fargo and Company Employee PAC (AKA Wells Fargo Employee PAC)

Mailing Address 1700 K St NW
Fl 8

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20006-3817 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2024

Transaction ID : 10735736

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 15000.00 |
| 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 16 OF 22 |
| <input type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |
| <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Wine & Spirits Wholesalers of America PAC

Mailing Address 805 15th St NW
Ste 1120

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20005-2207 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00147173

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

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 / 05 / 2024

Transaction ID : 10735731

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

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).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 48000.00 |

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 |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

A. ActBlue Technical Services

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 25 / 2024

FEC Identification Number: C

Transaction ID : 501150696

Amount of Each Disbursement this Period: 474.00

Memo Item

B. Business Card Services

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 23066

City Columbus State GA Zip Code 31902-3066

Purpose of Disbursement
Credit Card Payment - Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 12 / 2024

FEC Identification Number: C

Transaction ID : 501147919

Amount of Each Disbursement this Period: 1097.36

Memo Item

C. Hawaiian Host, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 500 Alakawa St
Rm 111

City Honolulu State HI Zip Code 96817-4576

Purpose of Disbursement
Event Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 12 / 2024

FEC Identification Number: C

Transaction ID : 501147916

Amount of Each Disbursement this Period: 517.28

Memo Item *

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1571.36

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 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 |

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NAME OF COMMITTEE (In Full)

Hawaii PAC

Full Name (Last, First, Middle Initial)

A. Kaimana Jerky Company

Mailing Address 73 -5569 Kauhola St
Unit 10

City
Kailua Kona

State
HI

Zip Code
96740-2621

Purpose of Disbursement

Event Supplies

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 2 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 501147917

Amount of Each Disbursement this Period

339.13

Memo Item *

Full Name (Last, First, Middle Initial)

B. Kakou Collective

Mailing Address 91 -1121 Keaunui Dr
Ste # 108

City
Ewa Beach

State
HI

Zip Code
96706-6365

Purpose of Disbursement

Event Supplies

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 2 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 501147918

Amount of Each Disbursement this Period

240.95

Memo Item *

Full Name (Last, First, Middle Initial)

C. Business Card Services

Mailing Address PO Box 23066

City
Columbus

State
GA

Zip Code
31902-3066

Purpose of Disbursement

Credit Card Payment - Below if Itemized

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 3 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 501150082

Amount of Each Disbursement this Period

15801.51

Memo Item

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

15801.51

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 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 |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

A. Halekulani Hotel

Full Name (Last, First, Middle Initial)

Mailing Address 2199 Kalia Rd

City Honolulu State HI Zip Code 96815-1936

Purpose of Disbursement
Event Space Rental & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 21 / 2024

FEC Identification Number: C

Transaction ID : 501150081

Amount of Each Disbursement this Period: 15801.51

Memo Item *

B. Florist Grand Honolulu

Full Name (Last, First, Middle Initial)

Mailing Address 851 Pohukaina St Ste C10

City Honolulu State HI Zip Code 96813-5327

Purpose of Disbursement
Event Decorations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 13 / 2024

FEC Identification Number: C

Transaction ID : 501147921

Amount of Each Disbursement this Period: 2400.00

Memo Item

C. LaFave, Lori, B., ,

Full Name (Last, First, Middle Initial)

Mailing Address 200 E Jefferson St

City Falls Church State VA Zip Code 22046-3531

Purpose of Disbursement
Fundraising Consulting Services for PAC (no federal candidates)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 15 / 2024

FEC Identification Number: C

Transaction ID : 501147922

Amount of Each Disbursement this Period: 6000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8400.00

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 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 |

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NAME OF COMMITTEE (In Full)
Hawaii PAC

A. The Kahala Hotel & Resort

Full Name (Last, First, Middle Initial)

Mailing Address 5000 Kahala Ave

City Honolulu State HI Zip Code 96816-5411

Purpose of Disbursement
Catering & Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 27 / 2024

FEC Identification Number: C

Transaction ID : 501151248

Amount of Each Disbursement this Period: 15412.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 15412.00 |
| TOTAL This Period (last page this line number only).....▶ | 41876.12 |

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 checked="" 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)

Hawaii PAC

Full Name (Last, First, Middle Initial)

A. Clarkson, Llayron, L., , Jr

Mailing Address 8181 El Mundo St
Apt 2603

City
Houston

State
TX

Zip Code
77054-4159

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 7 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 501150883

Amount of Each Disbursement this Period

5000.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

5000.00