

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name WORKERS FOR A BETTER HAWAII		2. FEC Identification Number C C30001564
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 888 MILILANI STREET SUITE 601	(c) City, State and ZIP Code HONOLULU HI 96813	
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period					
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>0 5 / 1 0 / 2 0 1 0</td> <td></td> <td>0 5 / 1 8 / 2 0 1 0</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	0 5 / 1 0 / 2 0 1 0	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
0 5 / 1 0 / 2 0 1 0		0 5 / 1 8 / 2 0 1 0				

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** radio ads

0 5 / 1 0 / 2 0 1 0

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
maureen wakuzawa

(b) Address (number and street)
888 Mililani Street, Suite 601

(c) City, State and ZIP Code
Honolulu HI 96813

(d) Name of Employer or Principal Place of Business
Hawaii Government Employees Associatio

(e) Occupation
Controller

9. Total Donations This Statement _____ .00

10.Total Disbursements/Obligations This Statement _____ 31413.60

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Peter Oshiro

SIGNATURE Electronically Filed by Peter Oshiro DATE 05/11/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

SCHEDULE 9-B

Disbursement(s) Made or Obligations

<p>A. Full Name (Last, First, Middle Initial) of Payee Chun & Yonamine Advertising</p> <hr/> <p>Mailing Address of Payee P.O. Box 240576</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Honolulu</td> <td>HI</td> <td>96824</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Honolulu	HI	96824	<p>Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 5 / 1 0 / 2 0 1 0</td> </tr> </table> </p> <p>Amount <table style="width:100%; border: none;"> <tr> <td style="text-align:right;">7853.40</td> </tr> </table> </p> <p>Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 5 / 1 0 / 2 0 1 0</td> </tr> </table> </p> <p>Transaction ID : F93.000003</p>	M M / D D / Y Y Y Y	0 5 / 1 0 / 2 0 1 0	7853.40	M M / D D / Y Y Y Y	0 5 / 1 0 / 2 0 1 0
City	State	Zip Code										
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0 5 / 1 0 / 2 0 1 0												
7853.40												
M M / D D / Y Y Y Y												
0 5 / 1 0 / 2 0 1 0												
<p>Purpose of Disbursement (including title(s) of communication(s)) 30-sec. Radio-Put On The Brakes</p>												
<p>Name of Federal Candidate Charles Djou</p> <p>F94.000008</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: HI District: 01</p>											
<p>Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u></p>												
<p>Name of Federal Candidate</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>											
<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>												
<p>Name of Federal Candidate</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>											
<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>												
<p>B. Full Name (Last, First, Middle Initial) of Payee Chun & Yonamine Advertising</p> <hr/> <p>Mailing Address of Payee P.O. Box 240576</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Honolulu</td> <td>HI</td> <td>96824</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Honolulu	HI	96824	<p>Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 5 / 1 0 / 2 0 1 0</td> </tr> </table> </p> <p>Amount <table style="width:100%; border: none;"> <tr> <td style="text-align:right;">7853.40</td> </tr> </table> </p> <p>Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 5 / 1 0 / 2 0 1 0</td> </tr> </table> </p> <p>Transaction ID : F93.000004</p>	M M / D D / Y Y Y Y	0 5 / 1 0 / 2 0 1 0	7853.40	M M / D D / Y Y Y Y	0 5 / 1 0 / 2 0 1 0
City	State	Zip Code										
Honolulu	HI	96824										
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0 5 / 1 0 / 2 0 1 0												
7853.40												
M M / D D / Y Y Y Y												
0 5 / 1 0 / 2 0 1 0												
<p>Purpose of Disbursement (including title(s) of communication(s)) 30-sec. Radio-FullTime</p>												
<p>Name of Federal Candidate Edward Case</p> <p>F94.000010</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: HI District: 01</p>											
<p>Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u></p>												
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<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>												
<p>SUBTOTAL of Disbursement/Obligation This Page (optional) <table style="float:right; border: 1px solid black; width: 150px; text-align: right;">15706.80</table></p>												
<p>TOTAL This Period (last page this line number only) <table style="float:right; border: 1px solid black; width: 150px; text-align: right;">31413.60</table> (carry total from last page to line 10)</p>												