

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAILCENTER

2022 OCT 31 AM 10:24  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

HAWAII OPTOMETRIC PAC

ADDRESS (number and street) 94-239 WAIPAHU DEPOT STREET

Check if different than previously reported. (ACC) WAIPAHU HI 96797

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00320143 WAIPAHU HI 96797

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 11/08/2022 in the State of HI

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10/01/2022 through 10/19/2022

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 Glenn Watanabe

Signature of Treasurer Glenn Watanabe Date 10/24/2022

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

*Hawaii Optometric PAC*

Report Covering the Period:

From:

**10** **01** **2022**

To:

**10** **19** **2022**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2022</b>		10,561.20
(b) Cash on Hand at Beginning of Reporting Period.....	2561.20	
(c) Total Receipts (from Line 19).....	1500.00	1500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,061.20	12,061.20
7. Total Disbursements (from Line 31).....	0	8,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,061.20	4,061.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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. 02/2003)

Page 3

Write or Type Committee Name

*Hawaii Optometric PAC*

Report Covering the Period: From:

*10* / *01* / *2022*

To:

*10* / *19* / *2022*

**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).....

*1500.00*

*1500.00*

(ii) Unitemized.....

*0*

*0*

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*1500.00*

*1500.00*

(b) Political Party Committees.....

*0*

*0*

(c) Other Political Committees (such as PACs).....

*0*

*0*

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*1500.00*

*1500.00*

12. Transfers From Affiliated/Other Party Committees.....

*0*

*0*

13. All Loans Received.....

*0*

*0*

14. Loan Repayments Received.....

*0*

*0*

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

*0*

*0*

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

*0*

*0*

17. Other Federal Receipts (Dividends, Interest, etc.).....

*0*

*0*

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

*0*

*0*

(b) Levin Funds (from Schedule H5).....

*0*

*0*

(c) Total Transfers (add 18(a) and 18(b)).....

*0*

*0*

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*1500.00*

*1500.00*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*1500.00*

*1500.00*

UNFINISHED BUSINESS

**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	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	800,000
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....	0	800,000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0	800,000

NON-FEDERAL SHARE

**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) .....	1,500.00	1,500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,500.00	1,500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

NONN : HO : MI : OM : OO : FN : UN : T : ON

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Hawaii Optometric PAC

A. Full Name (Last, First, Middle Initial) Baum Marvin  
 Mailing Address 94510 Kealakaa St  
 City Mililani State HI Zip Code 96789  
 Date of Receipt 10/10/2022  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation optometrist  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 300.00

B. Full Name (Last, First, Middle Initial) Shiro Douglas  
 Mailing Address 31 E Lanikaula St  
 City Hilo State HI Zip Code 96720  
 Date of Receipt 10/10/2022  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation optometrist  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 300.00

C. Full Name (Last, First, Middle Initial) Kubo Brian  
 Mailing Address 333 A Keahole St  
 City Honolulu State HI Zip Code 96825  
 Date of Receipt 10/10/2022  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation optometrist  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 300.00

SUBTOTAL of Receipts This Page (optional) 900.00  
 TOTAL This Period (last page this line number only) 900.00

NON-FEDERAL CAMPAIGN DISBURSMENTS

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2  
(check only one)  
 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)  
*Hawaii Optometric PAC*

A. Full Name (Last, First, Middle Initial)  
*Miwa Wayne*

Mailing Address  
*800 Kamehameha Hwy*

City *Pearl City* State *HI* Zip Code *96782*

FEC ID number of contributing federal political committee  
*C*

Name of Employer *Self* Occupation *optometrist*

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*30000*

Date of Receipt  
*10 / 15 / 2022*

Amount of Each Receipt this Period  
*300.00*

B. Full Name (Last, First, Middle Initial)  
*Visher Kent*

Mailing Address  
*1655 Hoomaike*

City *Pearl City* State *HI* Zip Code *96782*

FEC ID number of contributing federal political committee  
*C*

Name of Employer *Self* Occupation *optometrist*

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*30000*

Date of Receipt  
*10 / 15 / 2022*

Amount of Each Receipt this Period  
*300.00*

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee  
*C*

Name of Employer *Self* Occupation *optometrist*

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ *1,500.00*

TOTAL This Period (last page this line number only) ▶ *1,500.00*

NON-PROFIT ORGANIZATION

Glenn M. Watanabe, O.D.  
94239 Waipahu Depot Street  
Waipahu, HI 96797



7022 0410 0001 7519 6113

FEE

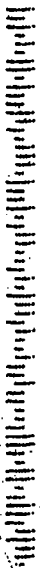
999 E Street NW

Washington DC 20463



RECEIVED  
EC MAIL CENTER  
OCT 31 AM 10:24

20463-



NONN H01 M4 0M1 005N6A-1ND



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/25/22</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *SPM* DATE PREPARED *10/31/22*

NON-FEDERAL DOCUMENT