

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**
Check if different than previously reported. (ACC) **HONOLULU HI 96819**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00456939 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2017 through / / 2017

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 / / 2017

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="2017"/>		43076.26
(b) Cash on Hand at Beginning of Reporting Period.....	43076.26	
(c) Total Receipts (from Line 19)	47350.00	47350.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	90426.26	90426.26
7. Total Disbursements (from Line 31).....	31450.00	31450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	58976.26	58976.26
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

Write or Type Committee Name

HAWAIIAN AIRLINES INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	47350.00	47350.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	47350.00	47350.00
(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)	47350.00	47350.00
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)).....▶	47350.00	47350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	47350.00	47350.00

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.....	21400.00	21400.00
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).....	10050.00	10050.00
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)) ..	31450.00	31450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31450.00	31450.00

DETAILED SUMMARY PAGE
of Disbursements

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)	47350.00	47350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47350.00	47350.00
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 20
<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)
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 ▼ 3500.00

Date of Receipt 04 / 03 / 2017
Transaction ID : SA11AI.4540
 Amount of Each Receipt this Period 3500.00
 Memo Item

B. Anderson-Lehman, Ronald, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3375 Koapaka St
 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 Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 04 / 03 / 2017
Transaction ID : SA11AI.4533
 Amount of Each Receipt this Period 3500.00
 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 ▼ 3000.00

Date of Receipt 04 / 03 / 2017
Transaction ID : SA11AI.4535
 Amount of Each Receipt this Period 3000.00
 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: (check only one)	PAGE 7 OF 20
<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. Dunkerley, Mark, , ,
 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) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 04 / 12 / 2017
Transaction ID : SA11AI.4546
 Amount of Each Receipt this Period 4000.00
 Memo Item

B. 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 ▼ 3000.00

Date of Receipt 04 / 03 / 2017
Transaction ID : SA11AI.4534
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. Helfrick, Jeffrey, K., ,
 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) Vice President - Airport Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 26 / 2017
Transaction ID : SA11AI.4548
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9500.00
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 20
<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. Hirashima, K., Sayle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3375 Koapaka St
 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, Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **04 / 10 / 2017**
Transaction ID : SA11AI.4541
 Amount of Each Receipt this Period 2300.00
 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 ▼ 4500.00

Date of Receipt **04 / 03 / 2017**
Transaction ID : SA11AI.4537
 Amount of Each Receipt this Period 4500.00
 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 ▼ 2300.00

Date of Receipt **04 / 03 / 2017**
Transaction ID : SA11AI.4536
 Amount of Each Receipt this Period 2300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9100.00
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 9 OF 20
	<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. Mannis, Avi, , ,
 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, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : SA11AI.4543
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Okinaka, Shannon, L., ,
 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 Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **04 / 03 / 2017**
Transaction ID : SA11AI.4539
 Amount of Each Receipt this Period 3500.00
 Memo Item

C. 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 Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 10 / 2017**
Transaction ID : SA11AI.4542
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 10 OF 20
<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. Rewick, Kenneth, E., ,
 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, Flight Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 12 / 2017
Transaction ID : SA11AI.4547

Amount of Each Receipt this Period 2500.00

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 04 / 03 / 2017
Transaction ID : SA11AI.4538

Amount of Each Receipt this Period 5000.00

Memo Item

C. Sparling Tatro, Robin, , ,
 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, Inflight

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 04 / 12 / 2017
Transaction ID : SA11AI.4544

Amount of Each Receipt this Period 2250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	9750.00
TOTAL This Period (last page this line number only).....	47350.00

**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. BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 27

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement 011 Category/Type

Candidate Name SHUSTER, WILLIAM MR., , ,

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

State: PA District: 09

Date of Disbursement: 03 / 21 / 2017

FEC Identification Number: C00364935
Transaction ID : SB23.4521
Amount of Each Disbursement this Period: 2700.00

Memo Item

B. BLUEGRASS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement 011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 06 / 02 / 2017

FEC Identification Number: C00235655
Transaction ID : SB23.4526
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. CITIZENS TO ELECT RICK LARSEN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement 011 Category/Type

Candidate Name LARSEN, RICK, , ,

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

State: WA District: 02

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: C00345546
Transaction ID : SB23.4532
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7200.00

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

Full Name (Last, First, Middle Initial) A. DENHAM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 2150 RIVER PLAZA DR., #150		FEC Identification Number C00473272 Transaction ID : SB23.4519
City SACRAMENTO	State CA	Zip Code 95833
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name DENHAM, JEFF, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 10	

Full Name (Last, First, Middle Initial) B. FRIENDS OF ROY BLUNT		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address PO BOX 10178		FEC Identification Number C00304758 Transaction ID : SB23.4515
City COLUMBIA	State MO	Zip Code 65205
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name BLUNT, ROY, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District: 07	

Full Name (Last, First, Middle Initial) C. HANABUSA FOR HAWAII		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017
Mailing Address P.O. BOX 1416		FEC Identification Number C00468413 Transaction ID : SB23.4514
City HONOLULU	State HI	Zip Code 96806
Purpose of Disbursement		Amount of Each Disbursement this Period 2700.00
Candidate Name HANABUSA, COLLEEN WAKAKO, , ,		Category/Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: HI	District: 00	

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

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

6200.00

**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

Full Name (Last, First, Middle Initial) A. HANABUSA FOR HAWAII		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address P.O. BOX 1416		FEC Identification Number C C00468413 Transaction ID : SB23.4531 Amount of Each Disbursement this Period 1000.00
City HONOLULU	State HI	
Purpose of Disbursement	Zip Code 96806	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District: 00	

Full Name (Last, First, Middle Initial) B. HOYER'S MAJORITY FUND		Date of Disbursement MM / DD / YYYY 06 / 08 / 2017
Mailing Address 700 13TH STREET NW SUITE 600		FEC Identification Number C C00513002 Transaction ID : SB23.4529 Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	
Purpose of Disbursement	Zip Code 20005	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 011	
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:	

Full Name (Last, First, Middle Initial) C. LOBIONDO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 01 / 30 / 2017
Mailing Address P. O. BOX 550		FEC Identification Number C C00269340 Transaction ID : SB23.4513 Amount of Each Disbursement this Period 2000.00
City VINELAND	State NJ	
Purpose of Disbursement	Zip Code 08362	Memo Item <input type="checkbox"/>
Candidate Name LOBIONDO, FRANK A., , ,	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
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

Full Name (Last, First, Middle Initial) A. MCCASKILL FOR MISSOURI		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C C00431304 Transaction ID : SB23.4522
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name MCCASKILL FOR MISSOURI		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District: 00	

Full Name (Last, First, Middle Initial) B. TULSI FOR HAWAII		Date of Disbursement MM / DD / YYYY 03 / 10 / 2017
Mailing Address PO BOX 75561		FEC Identification Number C C00497396 Transaction ID : SB23.4518
City KAPOLEI	State HI	Zip Code 96707
Purpose of Disbursement		Amount of Each Disbursement this Period 1500.00
Candidate Name GABBARD, TULSI, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: HI	District: 02	

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

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

2500.00

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

21400.00

**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

A. Caldwell for Mayor

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 61208

City Honolulu State HI Zip Code 96839

Purpose of Disbursement Nonfederal contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB29.4490

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. David Ige for Governor

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 2999

City Aiea State HI Zip Code 96701

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB29.4470

Amount of Each Disbursement this Period: 800.00

Memo Item

C. Friends for Donovan Dela Cruz

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 860340

City Wahiawa State HI Zip Code 96786

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB29.4477

Amount of Each Disbursement this Period: 300.00

Memo Item

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

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

2100.00

**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

A. Friends of Joseph Souki

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 632

City Wailuku State HI Zip Code 96793

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
04 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB29.4502

Amount of Each Disbursement this Period: 500.00

Memo Item

B. 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
01 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB29.4474

Amount of Each Disbursement this Period: 300.00

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
06 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.4510

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 900.00

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 Michelle Kidani		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017	
Mailing Address P.O Box 894515		FEC Identification Number C [REDACTED] Transaction ID : SB29.4475 Amount of Each Disbursement this Period [REDACTED] 300.00	
City Mililani	State HI	Zip Code 96789	Category/ Type [REDACTED]
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. Friends of Michelle Kidani		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017	
Mailing Address P.O Box 894515		FEC Identification Number C [REDACTED] Transaction ID : SB29.4509 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Mililani	State HI	Zip Code 96789	Category/ Type [REDACTED]
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. Friends of Rosalyn Baker		Date of Disbursement MM / DD / YYYY 04 / 18 / 2017	
Mailing Address P.O. Box 10394		FEC Identification Number C [REDACTED] Transaction ID : SB29.4501 Amount of Each Disbursement this Period [REDACTED] 300.00	
City Lahaina	State HI	Zip Code 96761-0394	Category/ Type [REDACTED]
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 700.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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 Sylvia Luke

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 2804

City Honolulu State HI Zip Code 96803

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 23 / 2017

FEC Identification Number: C
Transaction ID : SB29.4487
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Hawaii Chamber PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1132 Bishop Street Suite 2105

City Honolulu State HI Zip Code 96813

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C
Transaction ID : SB29.4486
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. J. Kalani English Election Committee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 878

City Hana, Maui State HI Zip Code 96713-0878

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C
Transaction ID : SB29.4479
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	8300.00