

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="19576.26"/>	<input type="text" value="19576.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19576.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33250.00"/>	<input type="text" value="33250.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52826.26"/>	<input type="text" value="52826.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19400.00"/>	<input type="text" value="19400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33426.26"/>	<input type="text" value="33426.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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 / 2015 To: 06 / 30 / 2015

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).....	33250.00	33250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33250.00	33250.00
(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)	33250.00	33250.00
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))..... ▶	33250.00	33250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33250.00	33250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	19400.00	19400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19400.00	19400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19400.00	19400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	33250.00	33250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33250.00	33250.00
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 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Ronald R. Anderson-Lehman			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2015
Mailing Address 3375 Koapaka St			Transaction ID : SA11AI.4305
City Honolulu	State HI	Zip Code 96819	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hawaiian Airlines, Inc.	Occupation SVP, Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Ann R. Botticelli			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2015
Mailing Address 3375 Koapaka St Suite G350			Transaction ID : SA11AI.4307
City Honolulu	State HI	Zip Code 96819	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hawaiian Airlines, Inc.	Occupation SVP, Corporate Communications & Public		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Mark Dunkerley			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2015
Mailing Address 3375 Koapaka Street Suite G350			Transaction ID : SA11AI.4314
City Honolulu	State HI	Zip Code 96819	Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hawaiian Airlines, Inc.	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
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 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Barbara D. Falvey		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 Transaction ID : SA11AI.4308
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2000.00
City Honolulu	State HI	Zip Code 96819
FEC ID number of contributing federal political committee. C	Name of Employer Hawaiian Airlines, Inc.	Occupation SVP, Human Resources
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Christian V. Forbes		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : SA11AI.4311
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2250.00
City Honolulu	State HI	Zip Code 96819
FEC ID number of contributing federal political committee. C	Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Financial Planning & Analysis
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Peter R. Ingram		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 Transaction ID : SA11AI.4306
Mailing Address 3375 Koapaka Street Suite G350		Amount of Each Receipt this Period 2500.00
City Honolulu	State HI	Zip Code 96819
FEC ID number of contributing federal political committee. C	Name of Employer Hawaiian Airlines, Inc.	Occupation EVP and Chief Commercial Officer
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).....▶	6750.00
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 14
<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

Full Name (Last, First, Middle Initial) A. Avi Mannis		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : SA11AI.4313
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 1500.00
City Honolulu	State HI Zip Code 96819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00
Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sean E. Menke		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 Transaction ID : SA11AI.4321
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2500.00
City Honolulu	State HI Zip Code 96819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Hawaiian Airlines, Inc.	Occupation EVP, Chief Administrative Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Phillip Moore		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 Transaction ID : SA11AI.4324
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2250.00
City Honolulu	State HI Zip Code 96819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2250.00
Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
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 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Vicki Nakata		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : SA11AI.4323
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2250.00
City Honolulu	State HI	Zip Code 96819
FEC ID number of contributing federal political committee. C	Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Loyalty & Travel Products
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Shannon L. Okinaka		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 Transaction ID : SA11AI.4309
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 1500.00
City Honolulu	State HI	Zip Code 96819
FEC ID number of contributing federal political committee. C	Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Controller
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Brent A. Overbeek		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : SA11AI.4322
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2500.00
City Honolulu	State HI	Zip Code 96819
FEC ID number of contributing federal political committee. C	Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Revenue Mgmt & Network Planning
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).....▶	6250.00
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 14
<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

Full Name (Last, First, Middle Initial) A. Kenneth E. Rewick		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : SA11AI.4312
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2500.00
City Honolulu	State HI Zip Code 96819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Flight Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robin Sparling Tatro		Date of Receipt MM / DD / YYYY 06 / 17 / 2015 Transaction ID : SA11AI.4360
Mailing Address 3375 Koapaka St Suite G350		Amount of Each Receipt this Period 2000.00
City Honolulu	State HI Zip Code 96819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00
Name of Employer Hawaiian Airlines, Inc.	Occupation VP, Inflight	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hoyt Zia		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : SA11AI.4310
Mailing Address 3375 Koapaka Street Suite G350		Amount of Each Receipt this Period 1500.00
City Honolulu	State HI Zip Code 96819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00
Name of Employer Hawaiian Airlines, Inc.	Occupation SVP, General Counsel & Corp. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	33250.00

**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"/> 24	<input type="checkbox"/> 25	<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. BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement Contribution

011

Candidate Name

WILLIAM MR. SHUSTER

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2015

Transaction ID : **SB23.4354**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DEFAZIO FOR CONGRESS

Mailing Address PO BOX 1316

City SPRINGFIELD State OR Zip Code 97477

Purpose of Disbursement Contribution

011

Candidate Name

PETER A DEFAZIO

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OR District: 04

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2015

Transaction ID : **SB23.4337**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN THUNE

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement Contribution

011

Candidate Name

JOHN R THUNE

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : **SB23.4339**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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"/> 24	<input type="checkbox"/> 25	<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. FRIENDS OF KELLY AYOTTE INC

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Contribution

011

Candidate Name

KELLY A AYOTTE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

Transaction ID : SB23.4338

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement
Contribution

011

Candidate Name

HAROLD DALLAS ROGERS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : SB23.4353

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MARK TAKAI FOR CONGRESS

Mailing Address PO BOX 2267

City PEARL CITY State HI Zip Code 96782

Purpose of Disbursement
Contribution

011

Candidate Name

KYLE MARK TAKAI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

Transaction ID : SB23.4336

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. TULSI FOR HAWAII

Mailing Address PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement
Contribution

011

Candidate Name

TULSI GABBARD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : SB23.4363

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1200.00

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

19400.00