

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Espero for Congress

ADDRESS (number and street)

PO Box 60397

Check if different
than previously
reported. (ACC)

Ewa Beach

HI

96706

2. FEC IDENTIFICATION NUMBER ▼

C

C00547067

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

HI

01

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)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

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 Bryan Gallarde

Signature of Treasurer

Bryan Gallarde

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2014

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 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Espero for Congress

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16235.00	16235.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16235.00	16235.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12348.37	12348.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12348.37	12348.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10716.62	
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	

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 3 (Revised 12/2003)

PAGE 3 / 16

Write or Type Committee Name

Espero for Congress

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

14460.00

14460.00

(ii) Unitemized.....

1775.00

1775.00

(iii) TOTAL of contributions from individuals ▶

16235.00

16235.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

16235.00

16235.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

16235.00

16235.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12348.37	12348.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12348.37	12348.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6829.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16235.00
25. SUBTOTAL (add Line 23 and Line 24).....	23064.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12348.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10716.62

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: F3N
Transaction ID :

Please excuse our tardy report. Our best efforts were made to file in a timely manner, but due to a loss of our previous filing software and additional compliance/finance staff, we were struggling to get our report together. Mahalo for your understanding.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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)
Espero for Congress

A. Full Name (Last, First, Middle Initial) Shandy Atoigue		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address PO Box 3040		Transaction ID : SA11AI.4276	
City Ewa Beach	State HI	Zip Code 96706	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bank of America	Occupation Financial Services Professional		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
B. Full Name (Last, First, Middle Initial) Scott Bannister		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2014	
Mailing Address PO Box 997		Transaction ID : SA11AI.4104	
City Half Moon Bay	State CA	Zip Code 94019	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Self-Employed		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		
C. Full Name (Last, First, Middle Initial) Jim Crisafulli		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 545 Ulumawao Street		Transaction ID : SA11AI.4132	
City Kailua	State HI	Zip Code 96734	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii	Occupation Director of Aerospace Development		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
SUBTOTAL of Receipts This Page (optional).....		2750.00	
TOTAL This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Espero for Congress

A. Full Name (Last, First, Middle Initial)
Matthew Delaney

Mailing Address **745 Fort Street**

City State Zip Code
Honolulu HI 96813

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

Name of Employer Occupation
Self-Employed HR Consultant

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
02 11 2014

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
William Espero

Mailing Address **PO Box 60397**

City State Zip Code
Ewa Beach HI 96706

FEC ID number of contributing federal political committee. **C** H4HI01126

Name of Employer Occupation
Hawaii State Senate Hawaii State Senator

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2660.00

Date of Receipt

M M / D D / Y Y Y Y
03 01 2014

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period

2660.00

In-kind - Rent for HQ

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

Mailing Address **91-1105 Makaaloa Street**

City State Zip Code
Ewa Beach HI 96706

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

Name of Employer Occupation
Ameron HI Mechanical Operator

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt

M M / D D / Y Y Y Y
01 09 2014

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period

2200.00

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

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

5360.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

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

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NAME OF COMMITTEE (In Full)
Espero for Congress

A. Full Name (Last, First, Middle Initial)
Woody Hunt

Mailing Address **PO Box 12220**

City El Paso	State TX	Zip Code 79913
------------------------	--------------------	--------------------------

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

Name of Employer Hunt Companies	Occupation President & CEO
---	--

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Roger Kamaano

Mailing Address **98-487 Koauka Loop**

City Aiea	State HI	Zip Code 96701
---------------------	--------------------	--------------------------

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

Name of Employer Retired	Occupation Retired
------------------------------------	------------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 05 / 2014

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period

2000.00

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

Mailing Address **91-1040 Kaihi Street**

City Ewa Beach	State HI	Zip Code 96706
--------------------------	--------------------	--------------------------

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

Name of Employer Self-Employed	Occupation Self-Employed
--	------------------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 11 / 2014

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

2500.00

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

4750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 16

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

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NAME OF COMMITTEE (In Full)
Espero for Congress

A. Full Name (Last, First, Middle Initial)
Eric Rosso

Mailing Address 2211 Dole Street

City Honolulu State HI Zip Code 96822

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

Name of Employer DiGuilio Advertising Occupation President

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Roland Santos Guieb

Mailing Address 94-095 Leonui Street

City Waipahu State HI Zip Code 96797

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

Name of Employer Exhaust Systems Hawaii Occupation Manager

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		11		2014

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period

300.00

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

Mailing Address 94-1121 Hilihua Place

City Waipahu State HI Zip Code 96797

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

Name of Employer Youngs Market Co. Occupation Portfolio Manager

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		08		2014

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period

300.00

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

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

Espero for Congress

Full Name (Last, First, Middle Initial)

Filo Tu

A.

Mailing Address 1720 Huna Street 103

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2014

Transaction ID : SA11Al.4123

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

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

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

500.00

14460.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Espero for Congress

Full Name (Last, First, Middle Initial)

A. Kehau Cortez-Camero

Mailing Address PO Box 60397

City	State	Zip Code
Ewa Beach	HI	96706

Purpose of Disbursement
Reimbursement: Paper goods and event supplies

001

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

Amount of Each Disbursement this Period

63.27

Transaction ID : SB17.4234

[MEMO ITEM]**B. CVS**

Full Name (Last, First, Middle Initial)

Mailing Address 98-1005 Moanalua Road

City	State	Zip Code
Aiea	HI	96701

Purpose of Disbursement
Paper goods/supplies for event

001

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

97.84

Transaction ID : SB17.4306

c. William Espero

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 60397

City	State	Zip Code
Ewa Beach	HI	96706

Purpose of Disbursement
In-kind - Rent for HQ

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: HI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2014

Amount of Each Disbursement this Period

2660.00

Transaction ID : SB17.4280

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

2757.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Espero for Congress

Full Name (Last, First, Middle Initial)

A. Expression!

Mailing Address POB 22487

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2014

City	State	Zip Code
Honolulu	HI	96823

Amount of Each Disbursement this Period

2035.60

Purpose of Disbursement
Magazine Advertisements

001

Transaction ID : SB17.4240

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Bryan Gallarde

Mailing Address 91-1105 Makaaloa St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Ewa Beach	HI	96706

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Staff Salary

001

Transaction ID : SB17.4242

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Kamehameha Schools

Mailing Address 567 S. King Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2014

City	State	Zip Code
Honolulu	HI	96813

Amount of Each Disbursement this Period

2667.28

Purpose of Disbursement
Rent for HQ

001

Transaction ID : SB17.4238

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

5202.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Espero for Congress

Full Name (Last, First, Middle Initial)

A. Mandalay Restaurant

Mailing Address 1055 Alakea Street

City	State	Zip Code
Honolulu	HI	96815

Purpose of Disbursement
Catering for Fundraising Event

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2014

Amount of Each Disbursement this Period

1625.63

Transaction ID : SB17.4266

B. Office Depot

Mailing Address 1505 Dillingham Boulevard

City	State	Zip Code
Honolulu	HI	96817

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2014

Amount of Each Disbursement this Period

157.06

Transaction ID : SB17.4185

c. Office Depot

Mailing Address 1505 Dillingham Boulevard

City	State	Zip Code
Honolulu	HI	96817

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

20.98

Transaction ID : SB17.4249

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

1803.67

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Espero for Congress

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 1505 Dillingham Boulevard

City	State	Zip Code
Honolulu	HI	96817

Purpose of Disbursement
Office supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

44.60

Transaction ID : SB17.4258

B. Office Depot

Mailing Address 1505 Dillingham Boulevard

City	State	Zip Code
Honolulu	HI	96817

Purpose of Disbursement
Office supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

73.05

Transaction ID : SB17.4259

c. Christine Pascual

Mailing Address 91-140 Kahulio Place

City	State	Zip Code
Waipahu	HI	96797

Purpose of Disbursement
Reimbursement: Hardware supplies from Home Depot

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2014

Amount of Each Disbursement this Period

102.00

Transaction ID : SB17.4236

[MEMO ITEM]

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

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

117.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Espero for Congress

Full Name (Last, First, Middle Initial)

A. Vistaprint

Mailing Address 95 Hayden Ave

City	State	Zip Code
Lexington	MA	02421

Purpose of Disbursement
Printing of Materials

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

276.01

Transaction ID : SB17.4296

B. Vistaprint

Mailing Address 95 Hayden Ave

City	State	Zip Code
Lexington	MA	02421

Purpose of Disbursement
Printing of Campaign Materials

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

160.99

Transaction ID : SB17.4304

c. Walmart

Mailing Address 1131 Kuala Street

City	State	Zip Code
Pearl City	HI	96822

Purpose of Disbursement
Office Supplies/Hardware/Printer Ink

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

262.46

Transaction ID : SB17.4293

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

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

699.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Espero for Congress

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 1131 Kuala Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

City	State	Zip Code
Pearl City	HI	96822

Purpose of Disbursement
Office Supplies

001

Amount of Each Disbursement this Period

93.92

Transaction ID : SB17.4298

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

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)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

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)	

State:

District:

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

93.92

10675.42