

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

Kiaaina for Congress

ADDRESS (number and street)

PO Box 700568

Check if different than previously reported. (ACC)

Kapolei

HI

96709

2. FEC IDENTIFICATION NUMBER ▼

C C00500470

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

HI

02

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

08

11

2012

in the State of

HI

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2012

through

07

22

2012

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 Yuklin Aluli

Signature of Treasurer Yuklin Aluli

[Electronically Filed]

Date

07

30

2012

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

Write or Type Committee Name
Kiaaina for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 07 / 22 / 2012

	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))....	10765.35	121654.74
(b) Total Contribution Refunds (from Line 20(d))	0.00	2250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10765.35	119404.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14259.20	135352.42
(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)).....	14259.20	135352.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1752.32	
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).....	22000.00	

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)

Write or Type Committee Name

Kiaaina for Congress

Report Covering the Period: From: / / To: / /

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).....	4275.95	71716.29
(ii) Unitemized.....	5528.00	25864.00
(iii) TOTAL of contributions from individuals ▶	9803.95	97380.29
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) The Candidate.....	961.40	22774.45
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10765.35	121654.74
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	18000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	18000.00
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)..... ▶	10765.35	139654.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14259.20	135352.42
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	2250.00
(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	2250.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14259.20	138102.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5246.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10765.35
25. SUBTOTAL (add Line 23 and Line 24).....	16011.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14259.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1752.32

**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 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Jo-Ann M. Adams

Mailing Address 411 Hobron Ln

City Honolulu State HI Zip Code 96815-1228

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

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **840.95**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : C8961792

Amount of Each Receipt this Period
 49.00

B. Full Name (Last, First, Middle Initial)
Jo-Ann M. Adams

Mailing Address 411 Hobron Ln

City Honolulu State HI Zip Code 96815-1228

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

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **840.95**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C9049734

Amount of Each Receipt this Period
 35.59

* In-Kind: Office Supplies

C. Full Name (Last, First, Middle Initial)
Jo-Ann M. Adams

Mailing Address 411 Hobron Ln

City Honolulu State HI Zip Code 96815-1228

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

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **840.95**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : C9049736

Amount of Each Receipt this Period
 41.36

* In-Kind: Office Supplies

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

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

125.95

**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 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Anthony Babauta

Mailing Address 5001 Leatherback Rd

City State Zip Code
Woodbridge VA 22193-5866

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

Name of Employer Occupation
US Department of the Interior Assistant Secretary

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C8961831

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Judith Fernandez

Mailing Address 1033 Moanakai Rd

City State Zip Code
Kapaa HI 96746-1521

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : C8939809

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ann S. Freed

Mailing Address 95-227 Waikalani Dr
Apt A403

City State Zip Code
Mililani HI 96789-3532

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : C8936512

Amount of Each Receipt this Period
200.00

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

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

400.00

**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 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Ron Jarrett

Mailing Address **PO Box 1126**

City **Kailua** State **HI** Zip Code **96734-1126**

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

Name of Employer **JTSI Inc** Occupation **Business Executive**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : C8957202

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Melody MacKenzie

Mailing Address **579 Kaneapu PI**

City **Kailua** State **HI** Zip Code **96734-3132**

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

Name of Employer **University of Hawaii** Occupation **Professor**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : C8939703

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dee Jay Mailer

Mailing Address **3220 Kaohinani Dr**

City **Honolulu** State **HI** Zip Code **96817**

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

Name of Employer **Kamehameha Schools** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : C8928139

Amount of Each Receipt this Period
500.00

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

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

700.00

**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 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Eileen F. McKee

Mailing Address 279 Alaume St

City State Zip Code
Kihei HI 96753-8506

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

Name of Employer Occupation
Self Videographer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2012

Transaction ID : C8957161

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Jerry Nakasone

Mailing Address 6208 Oloheua Rd
A

City State Zip Code
Kapaa HI 96746-8720

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

Name of Employer Occupation
Hawaiian Seal Consultants LLC Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : C9015029

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 501

City State Zip Code
Kaaawa HI 96730-0501

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2012

Transaction ID : C8957258

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 9 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Inez Y. Okamura

Mailing Address **PO Box 1783**

City **Wailuku** State **HI** Zip Code **96793-6783**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
444.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : C8966676

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Kristen Oleyte

Mailing Address **1111 Army Navy Dr
Apt 604**

City **Arlington** State **VA** Zip Code **22202-2017**

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

Name of Employer **US Dept. of the Interior** Occupation **Senior Policy Advisor**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : C8939003

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Victor Kaiwi Pang

Mailing Address **9351 Tidewater Cir**

City **Huntington Beach** State **CA** Zip Code **92646-7227**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : C8939553

Amount of Each Receipt this Period
100.00

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

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

375.00

**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 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Claire Pruet

Mailing Address 772 Sunset Ave

City Honolulu State HI Zip Code 96816-2330

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C8963448

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Wayne Rapozo

Mailing Address 1095 Avenue of the Americas

City New York State NY Zip Code 10036-6797

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

Name of Employer Dechert Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : C9015166

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1314 Kalakaua Ave.
Apt 607

City Honolulu State HI Zip Code 96826-1903

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : C9015023

Amount of Each Receipt this Period
200.00

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

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

1250.00

**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 11 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Peewee Ryan

Mailing Address **91-1241 Kinoiki Street**

City **Kapolei** State **HI** Zip Code **96707**

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

Name of Employer Information Requested
Information Requested

Occupation Information Requested
Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C9015032

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JoAnn Tsark

Mailing Address **1669 B Palolo Ave**

City **Honolulu** State **HI** Zip Code **96816-6223**

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

Name of Employer Information Requested
Papa Ola Lokahi

Occupation Information Requested
Research Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : C8938934

Amount of Each Receipt this Period
100.00

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

Mailing Address **660 4th St NE
Unit 5**

City **Washington** State **DC** Zip Code **20002-5003**

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

Name of Employer Information Requested
House Armed Services Committee

Occupation Information Requested
Professional Staff Member

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : C9016374

Amount of Each Receipt this Period
50.00

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

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

250.00

**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 12 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Sally Waitt

Mailing Address 68-1720 Halona Pl

City: Waikoloa State: HI Zip Code: 96738-5104

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

Name of Employer: None Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 225.00

Date of Receipt: 07 / 08 / 2012

Transaction ID : C8939548

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Kevin Winston

Mailing Address 20 Cliffside Ct

City: Belmont State: CA Zip Code: 94002-3314

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

Name of Employer: Porter Novelli Occupation: Public Relations

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 07 / 04 / 2012

Transaction ID : C8930964

Amount of Each Receipt this Period: 500.00

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

Mailing Address PO Box 1

City: Waimanalo State: HI Zip Code: 96795-0001

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

Name of Employer: Kamehameha Schools Occupation: Regional Assets Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 01 / 2012

Transaction ID : C8921837

Amount of Each Receipt this Period: 250.00

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

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

775.00

**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 13 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
John Yaukey

Mailing Address 2800 Quebec St NW
Apt 955

City Washington State DC Zip Code 20008-1267

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2012

Transaction ID : C8939565

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
John Yaukey

Mailing Address 2800 Quebec St NW
Apt 955

City Washington State DC Zip Code 20008-1267

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2012

Transaction ID : C8957983

Amount of Each Receipt this Period
50.00

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 Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

100.00

4275.95

**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 14 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) Esther Kiaaina		Date of Receipt MM / DD / YYYY 07 / 04 / 2012
Mailing Address 89-564 Farrington Highway		Transaction ID : C9049740
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 212.60
Name of Employer None	Occupation Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40774.45	

Full Name (Last, First, Middle Initial) Esther Kiaaina		Date of Receipt MM / DD / YYYY 07 / 05 / 2012
Mailing Address 89-564 Farrington Highway		Transaction ID : C9049743
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 177.60
Name of Employer None	Occupation Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40774.45	

Full Name (Last, First, Middle Initial) Esther Kiaaina		Date of Receipt MM / DD / YYYY 07 / 07 / 2012
Mailing Address 89-564 Farrington Highway		Transaction ID : C9049752
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 168.60
Name of Employer None	Occupation Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40774.45	

SUBTOTAL of Receipts This Page (optional).....	558.80
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 15 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) Esther Kiaaina		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 08 / 2012
Mailing Address 89-564 Farrington Highway		Transaction ID : C9049755
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 202.60
Name of Employer None	Occupation Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40774.45	

Full Name (Last, First, Middle Initial) Esther Kiaaina		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2012
Mailing Address 89-564 Farrington Highway		Transaction ID : C9049756
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40774.45	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	402.60
TOTAL This Period (last page this line number only).....	961.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) A. Aiea Copy Center		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 99-115 Aiea Heights Dr # 288		Amount of Each Disbursement this Period 61.77
City Aiea State HI Zip Code 96701-3924	Purpose of Disbursement Signs	
Candidate Name	Category/Type	Transaction ID : D633047
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Esther Kiaaina		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 212.60
City Waianae State HI Zip Code 96792	Purpose of Disbursement Airfare	
Candidate Name Esther Kiaaina	Category/Type	Transaction ID : D632966
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: HI District: 02	

* In-Kind Received

Full Name (Last, First, Middle Initial) C. Esther Kiaaina		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 177.60
City Waianae State HI Zip Code 96792	Purpose of Disbursement Airfare	
Candidate Name Esther Kiaaina	Category/Type	Transaction ID : D632967
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: HI District: 02	

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)	451.97
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 86.53 Transaction ID : D633048
City Atlanta State GA Zip Code 30342-4756	Purpose of Disbursement Credit Card Processing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hawaiian Electric Co Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address PO Box 3978		Amount of Each Disbursement this Period 69.98 Transaction ID : D633037
City Honolulu State HI Zip Code 96812-3978	Purpose of Disbursement Utility	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hawaiian Electric Co Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address PO Box 3978		Amount of Each Disbursement this Period 88.51 Transaction ID : D633038
City Honolulu State HI Zip Code 96812-3978	Purpose of Disbursement Utility	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	245.02
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) A. Hawaiian Telcom		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address PO Box 30770		Amount of Each Disbursement this Period 125.74
City Honolulu	State HI Zip Code 96820-0770	
Purpose of Disbursement Telephone/Internet	Category/Type	Transaction ID : D633039
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Law Offices of Jo-Ann M. Adams LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address PO Box 75472		Amount of Each Disbursement this Period 2612.50
City Honolulu	State HI Zip Code 96836-0472	
Purpose of Disbursement Campaign Manager	Category/Type	Transaction ID : D633040
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Limelight Media Relations		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address PO Box 75865		Amount of Each Disbursement this Period 1000.00
City Kapolei	State HI Zip Code 96707	
Purpose of Disbursement Communications Consulting	Category/Type	Transaction ID : D633036
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3738.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) A. Local Productions, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address PO Box 940		Amount of Each Disbursement this Period 182.29
City Pahala	State HI	
Zip Code 96777-0940	Purpose of Disbursement Advertising Design	Transaction ID : D633041
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 45.00
City Honolulu	State HI	
Zip Code 96814-5200	Purpose of Disbursement Office Supplies	Transaction ID : D633032
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 35.59
City Honolulu	State HI	
Zip Code 96814-5200	Purpose of Disbursement Office Supplies	Transaction ID : D633033
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	262.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 36.64 Transaction ID : D632975
City Honolulu State HI Zip Code 96814-5200	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 6.25 Transaction ID : D632976
City Honolulu State HI Zip Code 96814-5200	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Pacific Network LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address PO Box 61281		Amount of Each Disbursement this Period 785.34 Transaction ID : D633045
City Honolulu State HI Zip Code 96839-1281	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	828.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial) A. Raycom Media, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 201 Monroe St		Amount of Each Disbursement this Period 2745.81
City Montgomery	State AL	
Zip Code 36104-3735	Purpose of Disbursement TV Advertising	Transaction ID : D633029
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Raycom Media, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 201 Monroe St		Amount of Each Disbursement this Period 4846.33
City Montgomery	State AL	
Zip Code 36104-3735	Purpose of Disbursement TV Advertising	Transaction ID : D633030
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7592.14
TOTAL This Period (last page this line number only).....	13689.68

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : **L1000**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Esther Kiaaina PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: M 01 / D 31 / Y 2012
 Date Due: M / D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : **L1035**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Esther Kiaaina PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: M 06 / D 05 / Y 2012
 Date Due: M M / D D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : **L1037**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Esther Kiaaina PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred: M 06 / D 04 / Y 2012
 Date Due: M / D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : L1038

LOAN SOURCE Full Name (Last, First, Middle Initial)
Esther Kiaaina PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred: M 05 / D 01 / Y 2012
 Date Due: M / D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	18000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Kiaaina for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Esther Kiaaina		Nature of Debt (Purpose): Ad Production
Mailing Address 89-564 Farrington Highway		
City State	Zip Code	
Waianae	HI 96792	

Outstanding Balance Beginning This Period	Transaction ID : D632971	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
4000.00	0.00	4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	4000.00
2) TOTALS This Period (last page this line number only)	4000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	18000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	22000.00