

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

Office Use Only

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

12FE4M5

HAWAII REPUBLICAN PARTY

ADDRESS (number and street)

725 KAPIOLANI BLVD

STE 105

HONOLULU

HI

96813

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085506

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
06 01 2017

through

M M / D D / Y Y Y Y Y Y
06 30 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

HONJO, GWEN, I, ,

Type or Print Name of Treasurer

Signature of Treasurer

HONJO, GWEN, I, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 19 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
06		01		2017

To:

M M	/	D D	/	Y Y Y Y Y Y
06		30		2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y Y</div><div>2017</div></div>		<div><div></div><div>75254.62</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>45240.61</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>7787.76</div></div>	<div><div></div><div>53093.14</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>53028.37</div></div>	<div><div></div><div>128347.76</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>26834.13</div></div>	<div><div></div><div>102153.52</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>26194.24</div></div>	<div><div></div><div>26194.24</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	7		

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).....	2000.00	36469.04
(ii) Unitemized	327.90	6159.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2327.90	42628.41
(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)	2327.90	42628.41
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.).....	0.67	5.54
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	5459.19	10459.19
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	5459.19	10459.19
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7787.76	53093.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2328.57	42633.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	3320.53	11474.60
(ii) Non-Federal Share.....	12491.51	41897.29
(b) Other Federal Operating Expenditures	2155.09	17647.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17967.13	71019.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	6350.00	6395.00
(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)).....	6350.00	6395.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	2517.00	24739.05
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	2517.00	24739.05
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26834.13	102153.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14342.62	60256.23

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2327.90	42628.41
34. Total Contribution Refunds (from Line 28(d))	6350.00	6395.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 4022.10	36233.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	5475.62	29122.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	5475.62	29122.18

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

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

FOR LINE NUMBER: PAGE 6 OF 21
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUGHES, WILLIAM, J, MR.,

Mailing Address 3928 KAUALIO PLACE

City
 HONOLULU

State
 HI

Zip Code
 96816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 KING FOODS WAIPAHU

Occupation (for Individual)
 EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 14 / 2017

Transaction ID : SA11AI.6920

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

2000.00

2000.00

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

PAGE 7 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AXIA BANKCARD MERCHANTMailing Address 1311 KAPIOLANI BLVD
SUITE 512City
HONOLULUState
HIZip Code
96814Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2017

FEC Identification Number

C**Transaction ID : SB21B.7133**

Amount of Each Disbursement this Period

79.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AXIA BANKCARD MERCHANTMailing Address 1311 KAPIOLANI BLVD
SUITE 512City
HONOLULUState
HIZip Code
96814Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2017

FEC Identification Number

C**Transaction ID : SB21B.7134**

Amount of Each Disbursement this Period

190.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF HAWAII

Mailing Address PO BOX 2900

City
HONOLULUState
HIZip Code
96846Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2017

FEC Identification Number

C**Transaction ID : SB21B.7135**

Amount of Each Disbursement this Period

25.00

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

294.26

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

PAGE 8 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BANK OF HAWAII

Mailing Address PO BOX 2900

City
HONOLULUState
HIZip Code
96846Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

FEC Identification Number

C**Transaction ID : SB21B.7136**

Amount of Each Disbursement this Period

18.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COSTCO

Mailing Address 525 ALAKAWA ST

City
HONOULLUState
HIZip Code
96817Purpose of Disbursement
PALCIC REIMBURSEMENT: FOOD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

FEC Identification Number

C**Transaction ID : SB21B.7159**

Amount of Each Disbursement this Period

51.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. COSTCO

Mailing Address 525 ALAKAWA ST

City
HONOULLUState
HIZip Code
96817Purpose of Disbursement
PALCIC REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

FEC Identification Number

C**Transaction ID : SB21B.7160**

Amount of Each Disbursement this Period

13.60

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

18.24

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HAWAII MEDICAL SERVICE ASSOCIATION

Mailing Address PO BOX 29810

City
HONOLULUState
HIZip Code
96820Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06	/	13	/	2017

FEC Identification Number

C**Transaction ID : SB21B.7146**

Amount of Each Disbursement this Period

1721.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LONGS DRUGS

Mailing Address 3221 WAIALAE AVE

City
HONOLULUState
HIZip Code
96816Purpose of Disbursement
PALCIC REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2017

FEC Identification Number

C**Transaction ID : SB21B.7161**

Amount of Each Disbursement this Period

17.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1721.80

2034.30

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

PAGE 10 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ALAMEIDA, CAROLYN, , MS.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2017

Mailing Address 59-419 KAWOWO RD.

City
HALEIWAState
HIZip Code
96712Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C**Transaction ID : SB28A.7137**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DJOU, CHARLES, , MR.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2017

Mailing Address 520 LUNALILO HOME RD. #223
UNIT 223City
HONOLULUState
HIZip Code
96825Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C**Transaction ID : SB28A.7138**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KIM, DENNIS, C.H., MR.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2017

Mailing Address 94-309 MAIAOHE PL.

City
MILILANIState
HIZip Code
96789Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C**Transaction ID : SB28A.7139**

Amount of Each Disbursement this Period

2500.00

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

5300.00

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

PAGE 11 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MILLER, ANTYA, L, MS.,

Mailing Address 59-661 ALAPIO ROAD

City
HALEIWAState
HIZip Code
96712Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

FEC Identification Number

C**Transaction ID : SB28A.7131**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TORREANO, MARIE, , ,Mailing Address 343 HOBROON LANE
APT. L101City
HONOLULUState
HIZip Code
96815Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2017

FEC Identification Number

C**Transaction ID : SB28A.7149**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

600.00

5900.00

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

PAGE 12 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2017

Mailing Address 830 PUNCHBOWL STREET

FEC Identification Number

C**Transaction ID : SB30B.7143**

Amount of Each Disbursement this Period

64.20

☐ Memo ItemCity
HONOLULUState
HIZip Code
96813Purpose of Disbursement
PAYROLL TAXESCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2017

Mailing Address 830 PUNCHBOWL STREET

FEC Identification Number

C**Transaction ID : SB30B.7144**

Amount of Each Disbursement this Period

256.80

☐ Memo ItemCity
HONOLULUState
HIZip Code
96813Purpose of Disbursement
PAYROLL TAXESCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. HAWAII DEPARTMENT OF TAXATION

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2017

Mailing Address P.O. BOX 3559

FEC Identification Number

C**Transaction ID : SB30B.7145**

Amount of Each Disbursement this Period

127.39

☐ Memo ItemCity
HONOLULUState
HIZip Code
96811-3559Purpose of Disbursement
PAYROLL TAXESCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

448.39

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

PAGE 13 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 7704

City
SAN FRANCISCOState
CAZip Code
94120Purpose of Disbursement
TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2017

FEC Identification Number

C**Transaction ID : SB30B.7147**

Amount of Each Disbursement this Period

521.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 7704

City
SAN FRANCISCOState
CAZip Code
94120Purpose of Disbursement
TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2017

FEC Identification Number

C**Transaction ID : SB30B.7148**

Amount of Each Disbursement this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JACK JAMES

Mailing Address 725 KAPIOLANI BLVD., #C-105

City
HONOLULUState
HIZip Code
96813Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2017

FEC Identification Number

C**Transaction ID : SB30B.7170**

Amount of Each Disbursement this Period

1505.04

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

2068.61

2517.00

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 14 OF 21

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

NAME OF ACCOUNT
HAWAII REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y
06 / 09 / 2017

TOTAL AMOUNT TRANSFERRED

1733.03

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

1733.03

Transaction ID : H3.6925

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred).....

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 15 OF 21

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

NAME OF ACCOUNT
HAWAII REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y
06 / 28 / 2017

TOTAL AMOUNT TRANSFERRED

3726.16

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

3726.16

Transaction ID : H3.6924

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

5459.19

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

5459.19

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 16 OF 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7179			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
CENTRAL PACIFIC BANK				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address PO BOX 135010				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
HONOLULU	HI	96801			
Purpose of Disbursement: RENT				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			Category/ Type	39035.85	
				Date	MM / DD / YYYY
				06	01 / 2017
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
309.96			1166.04		1476.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7173			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
MAILCHIMP				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 675 PONCE DE LEON AVE NE STE 5000				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
ATLANTA	GA	30308			
Purpose of Disbursement: ONLINE SUBSCRIPTION				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			Category/ Type	39185.85	
				Date	MM / DD / YYYY
				06	05 / 2017
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.50			118.50		150.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7155			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
HAWAIIAN TELECOM				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address PO BOX 30770				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
HONOLULU	HI	96820			
Purpose of Disbursement: PHONE BILL				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			Category/ Type	39476.76	
				Date	MM / DD / YYYY
				06	09 / 2017
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.09			229.82		290.91

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
402.55		1514.36		1916.91

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 17 OF 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7156 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
IMPERIAL PLAZA			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 711 KAPIOLANI BLVD STE700			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City HONOLULU	State HI	Zip Code 96813	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: UTILITIES & MAINTENANCE		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			39796.61	
Date		MM / DD / YYYY 06 / 13 / 2017		
FEDERAL SHARE		+	NONFEDERAL SHARE	
67.17			252.68	
		=	TOTAL AMOUNT	
			319.85	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7158 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
INTEGRATED BUSINESS SOLUTIONS OF HAWAII			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 99-1046 IWAENA STREET			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City AIEA	State HI	Zip Code 96701	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: PRINTING SERVICES		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			40081.52	
Date		MM / DD / YYYY 06 / 13 / 2017		
FEDERAL SHARE		+	NONFEDERAL SHARE	
59.83			225.08	
		=	TOTAL AMOUNT	
			284.91	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7172 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
LCA BANK CORPORATION			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 1650			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City TROY	State MI	Zip Code 48099	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: EQUIPMENT RENTAL		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			41549.74	
Date		MM / DD / YYYY 06 / 13 / 2017		
FEDERAL SHARE		+	NONFEDERAL SHARE	
308.33			1159.89	
		=	TOTAL AMOUNT	
			1468.22	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
435.33		1637.65		2072.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 19 OF 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7184 NING, LILLY & JONES, ATTORNEYS AT LAW			<input type="checkbox"/> Memo Item		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 707 RICHARDS STREET SUITE 700					Allocated Activity or Event Year-To-Date <div>45241.27</div>	
City HONOLULU	State HI	Zip Code 96813			Date <div>06</div> / <div>13</div> / <div>2017</div>	
Purpose of Disbursement: LEGAL SERVICES			<input type="checkbox"/>			
Activity or Event Identifier: Administrative			Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<div>187.28</div>			<div>704.52</div>			<div>891.80</div>

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7174 SALZ LOCK & SAFE			<input type="checkbox"/> Memo Item		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3012 WAIALAE AVE #100					Allocated Activity or Event Year-To-Date <div>45562.74</div>	
City HONOLULU	State HI	Zip Code 96816			Date <div>06</div> / <div>23</div> / <div>2017</div>	
Purpose of Disbursement: UTILITIES & MAINTENANCE			<input type="checkbox"/>			
Activity or Event Identifier: Administrative			Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<div>67.51</div>			<div>253.96</div>			<div>321.47</div>

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7183 RED CURVE SOLUTIONS			<input type="checkbox"/> Memo Item		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 138 CONANT ST 2ND FLOOR					Allocated Activity or Event Year-To-Date <div>47068.14</div>	
City BEVERLY	State MA	Zip Code 01915			Date <div>06</div> / <div>23</div> / <div>2017</div>	
Purpose of Disbursement: COMPLIANCE CONSULTING			<input type="checkbox"/>			
Activity or Event Identifier: Administrative			Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<div>316.13</div>			<div>1189.27</div>			<div>1505.40</div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div>570.92</div>		<div>2147.75</div>		<div>2718.67</div>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<div></div>		<div></div>		<div></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 OF 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7157 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
IMPERIAL PLAZA Mailing Address 711 KAPIOLANI BLVD STE700			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">47669.51</div>	
City HONOLULU	State HI	Zip Code 96813	Date <div style="border: 1px solid black; padding: 2px;">06</div> / <div style="border: 1px solid black; padding: 2px;">28</div> / <div style="border: 1px solid black; padding: 2px;">2017</div>	
Purpose of Disbursement: UTILITIES & MAINTENANCE			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">126.29</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">475.08</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">601.37</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7165 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
INTEGRATED BUSINESS SOLUTIONS OF HAWAII Mailing Address 99-1046 IWAENA STREET			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">47882.20</div>	
City AIEA	State HI	Zip Code 96701	Date <div style="border: 1px solid black; padding: 2px;">06</div> / <div style="border: 1px solid black; padding: 2px;">28</div> / <div style="border: 1px solid black; padding: 2px;">2017</div>	
Purpose of Disbursement: PRINTING SERVICES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">44.66</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">168.03</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">212.69</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7176 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
SALZ LOCK & SAFE Mailing Address 3012 WAIALAE AVE #100			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">47938.33</div>	
City HONOLULU	State HI	Zip Code 96816	Date <div style="border: 1px solid black; padding: 2px;">06</div> / <div style="border: 1px solid black; padding: 2px;">28</div> / <div style="border: 1px solid black; padding: 2px;">2017</div>	
Purpose of Disbursement: UTILITIES & MAINTENANCE			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">11.79</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">44.34</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">56.13</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">182.74</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">687.45</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">870.19</div>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 OF 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7177 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
IMPERIAL PLAZA Mailing Address 711 KAPIOLANI BLVD STE700			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">53220.07</div>	
City HONOLULU	State HI	Zip Code 96813	Date <div style="border: 1px solid black; padding: 2px;">06</div> / <div style="border: 1px solid black; padding: 2px;">28</div> / <div style="border: 1px solid black; padding: 2px;">2017</div>	
Purpose of Disbursement: UTILITIES & MAINTENANCE			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">1109.17</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">4172.57</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">5281.74</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7182 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
SPECTRUM BUSINESS Mailing Address 200 AKAMAHINUI STREET			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">53371.89</div>	
City MILILANI	State HI	Zip Code 96789	Date <div style="border: 1px solid black; padding: 2px;">06</div> / <div style="border: 1px solid black; padding: 2px;">28</div> / <div style="border: 1px solid black; padding: 2px;">2017</div>	
Purpose of Disbursement: BROADBAND SERVICES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">31.88</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">119.94</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">151.82</div>	

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
City	State	Zip Code	Date <div style="border: 1px solid black; padding: 2px;"> </div> / <div style="border: 1px solid black; padding: 2px;"> </div> / <div style="border: 1px solid black; padding: 2px;"> </div>	
Purpose of Disbursement:			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier:			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>			<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
			<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1141.05		4292.51		5433.56

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
3320.53	12491.51	15812.04