

**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

Ikaika for Hawaii

ADDRESS (number and street)

P.O. Box 862

Check if different  
than previously  
reported. (ACC)

Honolulu

HI

96808

2. FEC IDENTIFICATION NUMBER ▼

C

C00546812

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

HI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2013

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 Stacey Edralin

Signature of Treasurer

Stacey Edralin

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

30

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 64

Write or Type Committee Name

**Ikaika for Hawaii**

Report Covering the Period:

From:

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

To:

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

	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))....	107278.97	270581.44
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	107178.97	270481.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	66857.28	121873.80
(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)) .....	66857.28	121873.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	148607.64	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	577.50	

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 64

Write or Type Committee Name

Ikaika for Hawaii

Report Covering the Period:

From:

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

To:

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

**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).....

103243.93

262782.40

(ii) Unitemized.....

2035.04

4349.04

(iii) TOTAL of contributions from individuals ▶

105278.97

267131.44

(b) Political Party Committees.....

0.00

0.00

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

2000.00

3450.00

(d) The Candidate.....

0.00

0.00

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

107278.97

270581.44

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

107278.97

270581.44

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 64

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66857.28	121873.80
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 .....	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	66957.28	121973.80

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	108285.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	107278.97
25. SUBTOTAL (add Line 23 and Line 24).....	215564.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66957.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	148607.64

# **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 64

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

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NAME OF COMMITTEE (In Full)  
Ikaika for Hawaii

**A.** Full Name (Last, First, Middle Initial)  
Gloria Alivado

Mailing Address 45-616 Nohomalu PI

City Kaneohe State HI Zip Code 96744-1752

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

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

Election Cycle-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2013

Transaction ID : VN8QVBRPMT8

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Hannie Anderson

Mailing Address 41-038 Hinalea St

City Waimanalo State HI Zip Code 96795-1610

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

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

Election Cycle-to-Date 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2013

Transaction ID : VN8QVBRPND8

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Jean M Anderson

Mailing Address 425 South St  
Apt 3502

City Honolulu State HI Zip Code 96813-5084

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

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

Election Cycle-to-Date 2600.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 20 / 2013

Transaction ID : VN8QVBSTRAY7

Amount of Each Receipt this Period

2600.00

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

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

5600.00

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

Use separate schedule(s)  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Richard T Asato</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address <b>Imanaka Asato</b> <b>Topa Financial Center, Fort Street</b>		<b>Transaction ID : VN8QVBRPDQ8</b>  Amount of Each Receipt this Period 1600.00	
City Honolulu	State HI		Zip Code 96813
FEC ID number of contributing federal political committee. C			
Name of Employer Imanaka Asato	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Richard T Asato</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address <b>Imanaka Asato</b> <b>Topa Financial Center, Fort Street</b>		<b>Transaction ID : VN8QVC2JSX1</b>  Amount of Each Receipt this Period 400.00	
City Honolulu	State HI		Zip Code 96813
FEC ID number of contributing federal political committee. C			
Name of Employer Imanaka Asato	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Patrick H. Ayers</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address <b>667 Milokai St</b>		<b>Transaction ID : VN8QVBRPET5</b>  Amount of Each Receipt this Period 500.00	
City Kailua	State HI		Zip Code 96734-1625
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Consulting		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Trevor Benn

A.

Mailing Address 2825 Park St

City

Honolulu

State

HI

Zip Code

96817-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benn Pacific Group, Inc.

Occupation

Principal Broker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : VN8QVBXN884

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Michael Blumenthal

B.

Mailing Address 110 Pacific Ave  
Ste 350

City

San Francisco

State

CA

Zip Code

94111-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MB Property Acquisitions

Occupation

Real Estate Developer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : VN8QVBV1SA1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Harmon A Brown

C.

Mailing Address 213 Wesley Ave

City

Oak Park

State

IL

Zip Code

60302-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schiff Hardin LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : VN8QVBXN892

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Paul R. Cassidy Jr.**

Mailing Address 1029 Iiwi St

City Honolulu	State HI	Zip Code 96816-5110
------------------	-------------	------------------------

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

Name of Employer Self-employed	Occupation Real Estate
-----------------------------------	---------------------------

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

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPDK7

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael J Chun**

Mailing Address PO Box 30791

City Honolulu	State HI	Zip Code 96820-0791
------------------	-------------	------------------------

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

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

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

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : VN8QVBCX6J6

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael J Chun**

Mailing Address PO Box 30791

City Honolulu	State HI	Zip Code 96820-0791
------------------	-------------	------------------------

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

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

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

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : VN8QVBXN8N7

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jeff J Coelho</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2013									
Mailing Address 300 Silos Ct		<b>Transaction ID : VN8QVBXN8H5</b>											
City Alpharetta	State GA	Zip Code 30004-6396	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>						1500.00				
					1500.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Retired	Occupation Radio Broadcaster												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>								1500.00				
					1500.00								
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lawana Collier</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		10		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
12		10		2013									
Mailing Address 2802 Oahu Ave Apt A		<b>Transaction ID : VN8QVBRPKJ2</b>											
City Honolulu	State HI	Zip Code 96822-1733	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2000.00</td> </tr> </table>						2000.00				
					2000.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Self-Employed	Occupation Homemaker												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2000.00</td> </tr> </table>								2000.00				
					2000.00								
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Karen I. D'ascoli</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
10		30		2013									
Mailing Address 59-134 Paumalu PI		<b>Transaction ID : VN8QVC2JVK8</b>											
City Haleiwa	State HI	Zip Code 96712-9752	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2000.00</td> </tr> </table>						2000.00				
					2000.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2000.00</td> </tr> </table>								2000.00				
					2000.00								
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>5500.00</td> </tr> </table>							5500.00				
					5500.00								
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

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

FOR LINE NUMBER:

PAGE 10 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**Richard J Dahl**

Mailing Address 60 Laiki Pl

City

Kailua

State

HI

Zip Code

96734-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James Campbell Company LLC

Occupation

President &amp; CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

Transaction ID : VN8QVBCX6Z9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Richard H Egged**Mailing Address 600 Queen St  
Apt 3907

City

Honolulu

State

HI

Zip Code

96813-5190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Waikiki Improvement

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2013

Transaction ID : VN8QVBCX5Z6

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**Casey Federman**

Mailing Address 536 Dalehurst Ave

City

Los Angeles

State

CA

Zip Code

90024-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Irongate

Occupation

Principle

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2013

Transaction ID : VN8QVBFYF47

Amount of Each Receipt this Period

2600.00

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

3850.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**Dana Federman**

Mailing Address 536 Dalehurst Ave

City

Los Angeles

State

CA

Zip Code

90024-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
11 18 2013

Transaction ID : VN8QVBFY7D0

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Russell Figueiroa**

Mailing Address 2024 N King St  
Ste 200

City

Honolulu

State

HI

Zip Code

96819-3494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R.M. Towill Corporation

Occupation

Surveyor/Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
12 05 2013

Transaction ID : VN8QVBRPDN3

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**Michael Forman**

Mailing Address 120 N Robertson Blvd  
Fl 3

City

Los Angeles

State

CA

Zip Code

90048-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Decurion

Occupation

Chairman of the Board

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 20 2013

Transaction ID : VN8QVBRAV3

Amount of Each Receipt this Period

1600.00

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

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

4800.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Michael Forman</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>20</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		20		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
12		20		2013									
Mailing Address 120 N Robertson Blvd FL 3		<b>Transaction ID : VN8QVC2JVC2</b>											
City Los Angeles	State CA	Zip Code 90048-3115											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>400.00</div>											
Name of Employer Decurion	Occupation Chairman of the Board												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>3000.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Andrew D Friedlander</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>19</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		19		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
11		19		2013									
Mailing Address 1010 Wilder Ave		<b>Transaction ID : VN8QVB9J9RX5</b>											
City Honolulu	State HI	Zip Code 96822-2662											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>1000.00</div>											
Name of Employer Colliers International	Occupation Real Estate												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>1000.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Joyce F Furukawa</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
12		30		2013									
Mailing Address 677 Ahua St		<b>Transaction ID : VN8QVBXN8B8</b>											
City Honolulu	State HI	Zip Code 96819-2002											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer Royal Contracting	Occupation Executive												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>1900.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**Gino Gabrio**

Mailing Address 115 Koko Isle Cir

City

Honolulu

State

HI

Zip Code

96825-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cades Schutte LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Transaction ID : VN8QVBD5FV8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Michael Goshi**

Mailing Address 131 Waakanaka Pl

City

Honolulu

State

HI

Zip Code

96817-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Design Partners Inc.

Occupation

Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPEG6

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**Randy Grobe**

Mailing Address 46-394 Haiku Plantations Dr

City

Kaneohe

State

HI

Zip Code

96744-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anekona Hawaii Inc.

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVC3FRX0

Amount of Each Receipt this Period

2500.00

\* In-Kind: Catering

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

4750.00

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

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

FOR LINE NUMBER:

PAGE 14 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Travis Grobe

Mailing Address 215 San Antonio Ave

City

Honolulu

State

HI

Zip Code

96813-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Basin Project Inc.

Occupation

Developer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : VN8QVC3FS87

Amount of Each Receipt this Period

1900.00

\* In-Kind: Catering

Full Name (Last, First, Middle Initial)

James Grosfeld

Mailing Address 420 Martell Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Investor

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2013

Transaction ID : VN8QVBD1G47

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Nancy Grosfeld

Mailing Address 420 Martell Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Charitable Volunteer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2013

Transaction ID : VN8QVBD1GX4

Amount of Each Receipt this Period

2600.00

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

7100.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**Shannon M Higa**

Mailing Address 1778 Ala Moana Blvd

Apt 903

City

Honolulu

State

HI

Zip Code

96815-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Signature Cab Holdings, Inc.

Occupation

Director of Marketing &amp; Advertising

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : VN8QVBXN8C6

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**Pamela K S Hirabara**

Mailing Address PO Box 2049

City

Kamuela

State

HI

Zip Code

96743-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Flatfield, Inc.

Occupation

Farmer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : VN8QVBRPKR9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Greg H Hiyakumoto**

Mailing Address PO Box 2930

City

Aiea

State

HI

Zip Code

96701-8430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RM Towill

Occupation

Civil Engineer / Executive

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPE59

Amount of Each Receipt this Period

1600.00

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

4100.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Norman G Y Hong**

Mailing Address 639 Kaulana Pl

City Honolulu State HI Zip Code 96821-2534

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

Name of Employer Group 70 International, Inc. Occupation Architect

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

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 30 2013

Transaction ID : VN8QVBDV3W6

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Ito**

Mailing Address 640 Onaha St

City Honolulu State HI Zip Code 96816-4919

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

Name of Employer Alexander & Baldwin Occupation CFO

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

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 30 2013

Transaction ID : VN8QVBXN8D4

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Micah Kane**

Mailing Address 45-135 Moamahi Way

City Kaneohe State HI Zip Code 96744-5329

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

Name of Employer Pacific Links Hawaii Occupation COO

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

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 31 2013

Transaction ID : VN8QVBDAYX4

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

H.K. Bruss Keppeler

A.

Mailing Address PO Box 1319

City

Honolulu

State

HI

Zip Code

96807-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : VN8QVBDV3E5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Stanley M. Kuriyama

B.

Mailing Address 822 Bishop St

City

Honolulu

State

HI

Zip Code

96813-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alexander &amp; Baldwin

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2013

Transaction ID : VN8QVBDV423

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Collins D Lam

C.

Mailing Address 95-217 Polie Pl

City

Mililani

State

HI

Zip Code

96789-6549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R. M. Towill Corp.

Occupation

Engineering Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPE25

Amount of Each Receipt this Period

1600.00

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

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

2600.00

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

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

FOR LINE NUMBER:

PAGE 18 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Scott J LaRue

Mailing Address 792 Mokapu Rd

City

Kailua

State

HI

Zip Code

96734-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Insurance &amp; Development

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2013

Transaction ID : VN8QVBFFYY4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Annette Lee

Mailing Address 41-208 Hihimanu St

City

Waimanalo

State

HI

Zip Code

96795-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : VN8QVB3QTK9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick K I Lee

Mailing Address 45-248 Pahikaua Pl  
Apt A

City

Kaneohe

State

HI

Zip Code

96744-2372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2013

Transaction ID : VN8QVBDV3X4

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Leonard KP Leong</b>		Date of Receipt M M / D D / Y Y Y Y 12 31 2013	
Mailing Address 677 Ahua St		<b>Transaction ID : VN8QVBXN8P5</b>	
City Honolulu	State HI	Zip Code 96819-2002	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Royal Contracting Co., Ltd.	Occupation Vice President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Sherrilynn Leong</b>		Date of Receipt M M / D D / Y Y Y Y 12 05 2013	
Mailing Address 2747 Kalawao St		<b>Transaction ID : VN8QVC2E9K8</b>	
City Honolulu	State HI	Zip Code 96822-1592	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jonathan Lin</b>		Date of Receipt M M / D D / Y Y Y Y 12 10 2013	
Mailing Address 173 Maono Pl		<b>Transaction ID : VN8QVBRPEW1</b>	
City Honolulu	State HI	Zip Code 96821-2530	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Contech Engineering	Occupation Civil Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3000.00	
<b>TOTAL</b> 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 20 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Benjamin M Matsubara**

Mailing Address **888 Mililani St**  
**Fl 8**

City **Honolulu** State **HI** Zip Code **96813-2990**

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

Name of Employer **Matsubara Kotake** Occupation **Attorney**

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

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**12** / **05** / **2013**

Transaction ID : **VN8QVBRPE00**

Amount of Each Receipt this Period

**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Wyeth Matsubara**

Mailing Address **849 Kii St**

City **Honolulu** State **HI** Zip Code **96825-1002**

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

Name of Employer **Matsubara Kotake ALC** Occupation **Attorney**

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

Election Cycle-to-Date  
**500.00**

Date of Receipt

**12** / **05** / **2013**

Transaction ID : **VN8QVBRPDG3**

Amount of Each Receipt this Period

**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Colbert Matsumoto**

Mailing Address **1766 Hanahanai Pl**

City **Honolulu** State **HI** Zip Code **96821-1308**

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

Name of Employer **Island Insurance Company, Ltd.** Occupation **Executive Management**

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

Election Cycle-to-Date  
**1250.00**

Date of Receipt

**11** / **13** / **2013**

Transaction ID : **VN8QVBFFZ18**

Amount of Each Receipt this Period

**250.00**

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

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

**1750.00**

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Colbert Matsumoto**

Mailing Address 1766 Hanahanai Pl

City Honolulu State HI Zip Code 96821-1308

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

Name of Employer Island Insurance Company, Ltd. Occupation Executive Management

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

Election Cycle-to-Date  
1250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 10 2013

Transaction ID : VN8QVBRPEY7

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Theolinda O Matsumoto**

Mailing Address 333 Kupu Pl

City Honolulu State HI Zip Code 96817-1444

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

Name of Employer Retired Occupation Retired

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

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 05 2013

Transaction ID : VN8QVBRPDS4

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**William C McCorrison**

Mailing Address 1925 McKinley St

City Honolulu State HI Zip Code 96822-2136

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

Name of Employer McCorrison Miller Mukai MacKinnon Occupation Attorney

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

Election Cycle-to-Date  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2013

Transaction ID : VN8QVBXN8J3

Amount of Each Receipt this Period

1500.00

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

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

3000.00

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

Use separate schedule(s)  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Diane McGillin**

Mailing Address 59-475 Ke Waena Rd

City State Zip Code  
Haleiwa HI 96712-9632

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

Name of Employer Occupation  
Surfer's Paradise Hawaii LLC Bookkeeper

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

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 19 2013

Transaction ID : VN8QVBJ9RW7

Amount of Each Receipt this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen J McGillin**

Mailing Address 59-475 Ke Waena Rd

City State Zip Code  
Haleiwa HI 96712-9632

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

Name of Employer Occupation  
Honu Group, Inc. Restaurant Manager

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

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 19 2013

Transaction ID : VN8QVBJ9RV9

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Chan Ok Mitsunaga**

Mailing Address 747 Amana St  
Ste 216

City State Zip Code  
Honolulu HI 96814-5116

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

Name of Employer Occupation  
Mitsunaga & Associates, Inc. Vice President

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

Election Cycle-to-Date  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 10 2013

Transaction ID : VN8QVBRPMM0

Amount of Each Receipt this Period

100.00

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

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

4100.00

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Chan Ok Mitsunaga</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 747 Amana St Ste 216		<b>Transaction ID : VN8QVC2JV49</b>	
City Honolulu	State HI	Zip Code 96814-5116	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00	
Name of Employer Mitsunaga & Associates, Inc.	Occupation Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dennis K Mitsunaga</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 747 Amana St Ste 216		<b>Transaction ID : VN8QVBRPMY9</b>	
City Honolulu	State HI	Zip Code 96814-5116	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
Name of Employer Mitsunaga & Associates, Inc.	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Dennis K Mitsunaga</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 747 Amana St Ste 216		<b>Transaction ID : VN8QVC2JV73</b>	
City Honolulu	State HI	Zip Code 96814-5116	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00	
Name of Employer Mitsunaga & Associates, Inc.	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1900.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lois L. Mitsunaga</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	12		10		2013
M M	/	D D	/	Y Y Y Y									
12		10		2013									
Mailing Address <b>415 South St</b> <b>Apt 2803</b>		<b>Transaction ID : VN8QVBRPN21</b>											
City <b>Honolulu</b>	State <b>HI</b>	Zip Code <b>96813-5056</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>100.00</td> </tr> </table>					100.00					
				100.00									
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>3500.00</td> </tr> </table>						3500.00					
				3500.00									
Name of Employer <b>Mitsunaga &amp; Associates, Inc.</b>	Occupation <b>Structural Engineer</b>												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>3500.00</td> </tr> </table>							3500.00					
				3500.00									

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lois L. Mitsunaga</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	12		10		2013
M M	/	D D	/	Y Y Y Y									
12		10		2013									
Mailing Address <b>415 South St</b> <b>Apt 2803</b>		<b>Transaction ID : VN8QVC2JV81</b>											
City <b>Honolulu</b>	State <b>HI</b>	Zip Code <b>96813-5056</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>900.00</td> </tr> </table>					900.00					
				900.00									
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>3500.00</td> </tr> </table>						3500.00					
				3500.00									
Name of Employer <b>Mitsunaga &amp; Associates, Inc.</b>	Occupation <b>Structural Engineer</b>												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>3500.00</td> </tr> </table>							3500.00					
				3500.00									

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Michael T Miyabara</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>05</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	12		05		2013
M M	/	D D	/	Y Y Y Y									
12		05		2013									
Mailing Address <b>1441 Victoria St</b> <b>Apt 1501</b>		<b>Transaction ID : VN8QVBRPDD9</b>											
City <b>Honolulu</b>	State <b>HI</b>	Zip Code <b>96822-3674</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>					500.00					
				500.00									
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00					
				500.00									
Name of Employer <b>Miyabara Associates</b>	Occupation <b>Principal</b>												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>							500.00					
				500.00									

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="4"></td> <td>1500.00</td> </tr> </table>					1500.00
				1500.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>					

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Mark M Mugiishi MD**

Mailing Address 1288 Kapiolani Blvd  
Apt 4403

City Honolulu State HI Zip Code 96814-2876

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

Name of Employer Central Medical Clinic Occupation Surgeon

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

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 10 / 2013

Transaction ID : VN8QVBRPKZ4

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph P Nicolai**

Mailing Address 2999 N Nimitz Hwy

City Honolulu State HI Zip Code 96819-1903

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

Name of Employer JN Group, Inc. Occupation CEO

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

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 01 / 2013

Transaction ID : VN8QVBDV3M3

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Carl I Nii**

Mailing Address 98-1614 Nahele St

City Aiea State HI Zip Code 96701-1719

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

Name of Employer Richard Matsunaga & Associates Archite Occupation Principal

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

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2013

Transaction ID : VN8QVBRPE83

Amount of Each Receipt this Period

2000.00

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

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

3250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Ann Nishioka**

Mailing Address 4975 Kolohala St

City Honolulu	State HI	Zip Code 96816-5126
------------------	-------------	------------------------

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

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

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

Election Cycle-to-Date  
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : VN8QVBXN8E2

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Wayne K Ogasawara**

Mailing Address 94-350 Kaholo St

City Mililani	State HI	Zip Code 96789-2531
------------------	-------------	------------------------

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

Name of Employer Mililani Agricultural Park	Occupation Manager
--	-----------------------

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

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : VN8QVBE6NG5

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Glenn M Okino**

Mailing Address 2251 Aulii St  
Apt A

City Honolulu	State HI	Zip Code 96817-1573
------------------	-------------	------------------------

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

Name of Employer Mitsunaga Construction, Inc.	Occupation President
--	-------------------------

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

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : VN8QVBRPN88

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Duston K Onaga

Mailing Address 1361 Miloiki St

City

Honolulu

State

HI

Zip Code

96825-3224

FEC ID number of contributing federal political committee.

C

Name of Employer

Amazon Construction Co., Inc.

Occupation

Finance Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : VN8QVBXN8R1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Paul T Osugi

Mailing Address 820 Makaleka Ave

City

Honolulu

State

HI

Zip Code

96816-1117

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPDZ2

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

Jaya R Poepoe

Mailing Address 456 Wanaao Rd

City

Kailua

State

HI

Zip Code

96734-3441

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2013

Transaction ID : VN8QVBFFZ34

Amount of Each Receipt this Period

500.00

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

2600.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Jerri Ross

Mailing Address 106 Makaweli St

City

Honolulu

State

HI

Zip Code

96825-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : VN8QVAZ2EP3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth M Sakurai

Mailing Address 837 Waika Place

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Construction

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPE67

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Norris Sandvold

Mailing Address 2915 Poni Moi Rd

City

Honolulu

State

HI

Zip Code

96815-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hawaii Beach Homes

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : VN8QVBRPF10

Amount of Each Receipt this Period

100.00

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

2350.00

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

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Paul H. Sato

A.

Mailing Address 841 Bishop St

Ste 400

City

Honolulu

State

HI

Zip Code

96813-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moriwara Lau &amp; Fong LLP

Occupation

Attorney

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : VN8QVBDV3G1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Susie M Saunders

B.

Mailing Address 173 Kakahiaka St

City

Kailua

State

HI

Zip Code

96734-3474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPEB6

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Albert Shigemura

C.

Mailing Address 83 Lunalilo Home St

City

Honolulu

State

HI

Zip Code

96825-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PVT Land Co., Ltd.

Occupation

President

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : VN8QVBRSR9

Amount of Each Receipt this Period

500.00

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

2600.00

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

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

FOR LINE NUMBER:

PAGE 30 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**Nan Chul Shin**

Mailing Address 3170 Noela Dr

City

Honolulu

State

HI

Zip Code

96815-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPEE0

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Nan Chul Shin**

Mailing Address 3170 Noela Dr

City

Honolulu

State

HI

Zip Code

96815-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVC2JV31

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Warren Shon**

Mailing Address 1540 Bertram St

City

Honolulu

State

HI

Zip Code

96816-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Wine &amp; Spirits of Hawaii

Occupation

General Manager

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : VN8QVBXN8Q3

Amount of Each Receipt this Period

1000.00

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

6200.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Steve K Sombrero</b>		Date of Receipt M M / D D / Y Y Y Y 12 30 2013	
Mailing Address 600 Queen St Apt 3709		<b>Transaction ID : VN8QVBXN8G8</b>	
City Honolulu	State HI	Zip Code 96813-5172	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00	
Name of Employer Chaney Brooks & Co	Occupation President & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Oswald K Stender</b>		Date of Receipt M M / D D / Y Y Y Y 10 30 2013	
Mailing Address PO Box 3946		<b>Transaction ID : VN8QVC3BEV9</b>	
City Honolulu	State HI	Zip Code 96812-3946	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1543.93	
Name of Employer Office of Hawaiian Affairs	Occupation Trustee		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1543.93		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Curtis T Tabata</b>		Date of Receipt M M / D D / Y Y Y Y 12 05 2013	
Mailing Address 888 Mililani St		<b>Transaction ID : VN8QVBRPDJ9</b>	
City Honolulu	State HI	Zip Code 96813-2931	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
Name of Employer Matsubara Kotake	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		4043.93	
<b>TOTAL</b> 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 32 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Keith K Takekawa**

Mailing Address 1846 Bertram St

City Honolulu State HI Zip Code 96816-2004

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

Name of Employer Chevron Occupation Manager

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

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2013

Transaction ID : VN8QVBRPDT2

Amount of Each Receipt this Period

1400.00

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Takeuchi**

Mailing Address 4631 Waipahee Pl

City Honolulu State HI Zip Code 96821-1239

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

Name of Employer Retired Occupation Retired

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

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y  
12 / 20 / 2013

Transaction ID : VN8QVBBSRAQ1

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Aaron A Tamos**

Mailing Address 91-1765 Puhiko St

City Ewa Beach State HI Zip Code 96706-4840

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

Name of Employer Tamos Trucking Occupation Owner

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

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

Transaction ID : VN8QVBXN8K1

Amount of Each Receipt this Period

1000.00

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

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

2900.00

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

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

FOR LINE NUMBER:

PAGE 33 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

David K. Tanoue

Mailing Address 600 Queen St

Apt 2906

City

Honolulu

State

HI

Zip Code

96813-5170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R.M. Towill Corp.

Occupation

Department Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBRPE33

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

Lora Thomas

Mailing Address 748 Mokapu Rd

City

Kailua

State

HI

Zip Code

96734-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Global Kyani Distributor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : VN8QVBF0E22

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Laura L. Thompson

Mailing Address 440 Puamamane St

Apt A

City

Honolulu

State

HI

Zip Code

96821-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : VN8QVBE6FR5

Amount of Each Receipt this Period

500.00

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

2600.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Franklin Tokioka II**

Mailing Address 5312 Kahalakua St

City Honolulu	State HI	Zip Code 96821-1541
------------------	-------------	------------------------

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

Name of Employer Hawaiian Properties	Occupation Chairman
---	------------------------

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

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : VN8QVBNC4H8

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Valerie L Trotter**

Mailing Address 2802 Oahu Ave

City Honolulu	State HI	Zip Code 96822-1733
------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Business Executive
-----------------------------	----------------------------------

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

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : VN8QVBRPKV3

Amount of Each Receipt this Period

2000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**John P. Whalen**

Mailing Address 224A Huali St

City Honolulu	State HI	Zip Code 96813-1858
------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Urban Planner
-----------------------------	-----------------------------

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

Election Cycle-to-Date  
 400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Transaction ID : VN8QVBTAMP5

Amount of Each Receipt this Period

50.00
-------

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

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

2550.00
---------

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

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Matthew Wilson</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>09</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		09		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
12		09		2013									
Mailing Address 520 Lunalilo Home Rd Unit 318		<b>Transaction ID : VN8QVBNMTG0</b>											
City Honolulu	State HI	Zip Code 96825-1719	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>						500.00				
					500.00								
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer Tradewind Capital Group	Occupation Vice President												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>								500.00				
					500.00								
<b>B.</b> Full Name (Last, First, Middle Initial) <b>James H Yamamoto</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>05</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		05		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
12		05		2013									
Mailing Address 3528 Kepuhi St		<b>Transaction ID : VN8QVBRPDX6</b>											
City Honolulu	State HI	Zip Code 96815-4366	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1600.00</td> </tr> </table>						1600.00				
					1600.00								
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer R.M. Towill Corporation	Occupation Civil Engineer												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2600.00</td> </tr> </table>								2600.00				
					2600.00								
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Peter N. Yanagawa</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		10		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
12		10		2013									
Mailing Address PO Box 22356		<b>Transaction ID : VN8QVBRPF44</b>											
City Honolulu	State HI	Zip Code 96823-2356	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>						500.00				
					500.00								
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer PY, Inc.	Occupation Real Estate Broker												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>								2500.00				
					2500.00								
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>2600.00</td> </tr> </table>							2600.00				
					2600.00								
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

**A.** Full Name (Last, First, Middle Initial)  
**Peter N. Yanagawa**

Mailing Address PO Box 22356

City Honolulu State HI Zip Code 96823-2356

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

Name of Employer PY, Inc. Occupation Real Estate Broker

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

Election Cycle-to-Date 2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : VN8QVBXN8M9

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Albert Y Yoshiyama**

Mailing Address 3072 Hiehie St

City Honolulu State HI Zip Code 96822-1506

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

Name of Employer Retired Occupation Retired

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

Election Cycle-to-Date 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : VN8QVBRPM60

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Colin Y Yoshiyama**

Mailing Address 2767 Kalawao St

City Honolulu State HI Zip Code 96822-1513

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

Name of Employer Constructors Hawaii Inc. Occupation General Contractor

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

Election Cycle-to-Date 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : VN8QVBRPM93

Amount of Each Receipt this Period

2000.00

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

5000.00

103243.93

# **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)

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

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NAME OF COMMITTEE (In Full)  
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)  
ALEXANDER AND BALDWIN INC FEDPAC

Mailing Address 822 Bishop St  
PO Box 3440

City State Zip Code  
Honolulu HI 96813-3924

FEC ID number of contributing  
federal political committee.

C C00017681

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 30 2013

Transaction ID : VN8QVBXN869

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
SERVICE CORPORATION INTERNATIONAL POLITICAL ACTION COMMITTEE (SCI/PAC)

Mailing Address PO Box 130548

City State Zip Code  
Houston TX 77219-0548

FEC ID number of contributing  
federal political committee.

C C00173096

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 30 2013

Transaction ID : VN8QVBDV431

Amount of Each Receipt this Period

1000.00

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

Amount of Each Receipt this Period

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

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

2000.00

2000.00

**SCHEDULE B (FEC Form 3)**  
**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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Aiea Copy Center**Mailing Address 99-115 Aiea Heights Dr  
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement  
Printing

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
10		07		2013

Amount of Each Disbursement this Period

65.96
-------

Transaction ID : VN7RK9N6J18

**B. Aiea Copy Center**Mailing Address 99-115 Aiea Heights Dr  
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement  
Printing

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
11		08		2013

Amount of Each Disbursement this Period

81.67
-------

Transaction ID : VN7RK9NDP96

**c. Aiea Copy Center**Mailing Address 99-115 Aiea Heights Dr  
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement  
Printing

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
11		12		2013

Amount of Each Disbursement this Period

65.96
-------

Transaction ID : VN7RK9NK563

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

213.59

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

PAGE 39 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Aiea Copy Center**Mailing Address 99-115 Aiea Heights Dr  
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement  
Printing

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
12		02		2013

Amount of Each Disbursement this Period

113.08
--------

Transaction ID : VN7RK9Q0H14

**B. Aiea Copy Center**Mailing Address 99-115 Aiea Heights Dr  
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement  
Printing

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
12		06		2013

Amount of Each Disbursement this Period

65.96
-------

Transaction ID : VN7RK9Q0H22

**C. Ikaika Anderson**

Mailing Address 41-038 Hinalea St

City Waimanalo State HI Zip Code 96795-1610

Purpose of Disbursement  
Food & Beverage

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
10		17		2013

Amount of Each Disbursement this Period

19.88
-------

Transaction ID : VN7RK9N6JP4

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

198.92

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

PAGE 40 OF 64

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

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NAME OF COMMITTEE (In Full)

**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Ikaika Anderson**

Mailing Address 41-038 Hinalea St

City	State	Zip Code
Waimanalo	HI	96795-1610

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 18 / 2013

Amount of Each Disbursement this Period

149.40
--------

Transaction ID : VN7RK9N6JR9

**B. United Airlines**

Mailing Address PO Box 66100

City	State	Zip Code
Chicago	IL	60666-0100

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 15 / 2013

Amount of Each Disbursement this Period

149.40
--------

Transaction ID : VN7RK9N6JS7

[MEMO ITEM]

\*

**C. Ikaika Anderson**

Mailing Address 41-038 Hinalea St

City	State	Zip Code
Waimanalo	HI	96795-1610

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2013

Amount of Each Disbursement this Period

77.76
-------

Transaction ID : VN7RK9N9B67

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

227.16

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

PAGE 41 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Ikaika Anderson**

Mailing Address 41-038 Hinalea St

City	State	Zip Code
Waimanalo	HI	96795-1610

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

Amount of Each Disbursement this Period

495.11
--------

Transaction ID : VN7RK9NBH81

**B. Microsoft Store**Mailing Address 1450 Ala Moana Blvd  
Ste 2238

City	State	Zip Code
Honolulu	HI	96814-4661

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

Amount of Each Disbursement this Period

495.11
--------

Transaction ID : VN7RK9NBHB5

[MEMO ITEM]

\*

**c. Ikaika Anderson**

Mailing Address 41-038 Hinalea St

City	State	Zip Code
Waimanalo	HI	96795-1610

Purpose of Disbursement  
Event Registration

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : VN7RK9NXCC3

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

545.11

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

PAGE 42 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Ikaika Anderson**

Mailing Address 41-038 Hinalea St

City	State	Zip Code
Waimanalo	HI	96795-1610

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

577.74
--------

Transaction ID : VN7RK9Q0G52

**B. Fogo De Chao**

Mailing Address 661 N La Salle Dr

City	State	Zip Code
Chicago	IL	60654-8637

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

294.58
--------

Transaction ID : VN7RK9Q0GC8

[MEMO ITEM]

\*

**C. Residence Inn by Marriott**

Mailing Address 540 N Michigan Ave

City	State	Zip Code
Chicago	IL	60611-3890

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

222.56
--------

Transaction ID : VN7RK9Q0G94

[MEMO ITEM]

\*

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

577.74
--------

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

PAGE 43 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address PO Box 66100

City	State	Zip Code
Chicago	IL	60666-0100

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

55.60
-------

Transaction ID : VN7RK9Q0GA2

[MEMO ITEM]

\*

**B. United Airlines**

Mailing Address PO Box 66100

City	State	Zip Code
Chicago	IL	60666-0100

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

5.00
------

Transaction ID : VN7RK9Q0GB0

[MEMO ITEM]

\*

**c. Arrow Mailing Service**

Mailing Address PO Box 30406

City	State	Zip Code
Honolulu	HI	96820-0406

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

Amount of Each Disbursement this Period

272.25
--------

Transaction ID : VN7RK9N6HH1

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

272.25

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

PAGE 44 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Arrow Mailing Service**

Mailing Address PO Box 30406

City	State	Zip Code
Honolulu	HI	96820-0406

Purpose of Disbursement  
Printing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y
10 / 18 / 2013

Amount of Each Disbursement this Period

2504.71
---------

Transaction ID : VN7RK9N6JY7

**B. Blue River Productions LLC**

Mailing Address 241 Kalama St

City	State	Zip Code
Kailua	HI	96734-2042

Purpose of Disbursement  
Media Production

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y
11 / 25 / 2013

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : VN7RK9NXCJ0

**C. Whitney W Burns**

Mailing Address PO Box 1174

City	State	Zip Code
Springfield	VA	22151-0174

Purpose of Disbursement  
Financial Compliance Consulting

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y
12 / 15 / 2013

Amount of Each Disbursement this Period

2250.00
---------

Transaction ID : VN7RK9Q0GR3

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

8754.71

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

PAGE 45 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Cardinal Services Ltd.**Mailing Address 197 Sand Island Access Rd  
Unita

City Honolulu State HI Zip Code 96819-4997

Purpose of Disbursement  
Postage & Mailing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

Amount of Each Disbursement this Period

2598.93
---------

Transaction ID : VN7RK9N6JZ5

**B. Cardinal Services Ltd.**Mailing Address 197 Sand Island Access Rd  
Unita

City Honolulu State HI Zip Code 96819-4997

Purpose of Disbursement  
Postage & Mailing Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

177.63
--------

Transaction ID : VN7RK9NDPC0

**C. Chun Wah Kam Noodle Factory**

Mailing Address 537 Pensacola St

City Honolulu State HI Zip Code 96814-4310

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

63.82
-------

Transaction ID : VN7RK9Q0H47

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

2840.38

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

PAGE 46 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Custom Bookkeeping Solutions**

Mailing Address 41-1427 Kuhimana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

City	State	Zip Code
Waimanalo	HI	96795-1242

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

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

State: District:

Amount of Each Disbursement this Period

2625.00
---------

Transaction ID : VN7RK9N6JH4

**B. Custom Bookkeeping Solutions**

Mailing Address 41-1427 Kuhimana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

City	State	Zip Code
Waimanalo	HI	96795-1242

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

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

State: District:

Amount of Each Disbursement this Period

2625.00
---------

Transaction ID : VN7RK9NXCE8

**C. Custom Bookkeeping Solutions**

Mailing Address 41-1427 Kuhimana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2013

City	State	Zip Code
Waimanalo	HI	96795-1242

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

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

State: District:

Amount of Each Disbursement this Period

2625.00
---------

Transaction ID : VN7RK9Q0GQ5

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

7875.00

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

PAGE 47 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. David Kanaya Design**

Mailing Address 1542 Ahuawa Loop

City	State	Zip Code
Honolulu	HI	96816-5604

Purpose of Disbursement  
Art Design

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 17 / 2013

Amount of Each Disbursement this Period

1863.87
---------

Transaction ID : VN7RK9N6JM8

**B. David Kanaya Design**

Mailing Address 1542 Ahuawa Loop

City	State	Zip Code
Honolulu	HI	96816-5604

Purpose of Disbursement  
Art Design

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 20 / 2013

Amount of Each Disbursement this Period

261.78
--------

Transaction ID : VN7RK9Q0GT8

**c. E Noa Corporation**

Mailing Address PO Box 235873

City	State	Zip Code
Honolulu	HI	96823-3515

Purpose of Disbursement  
Trolley rental for parade

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 13 / 2013

Amount of Each Disbursement this Period

420.00
--------

Transaction ID : VN7RK9Q0GP7

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

2545.65

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

PAGE 48 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Facebook, Inc.**

Mailing Address 1601 Willow Rd

City	State	Zip Code
Menlo Park	CA	94025-1452

Purpose of Disbursement  
Internet Advertising

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

4149.27
---------

Transaction ID : VN7RK9Q0HK4

**B. Francisco Figueiredo**Mailing Address 1615 Wilder Ave  
Apt 402

City	State	Zip Code
Honolulu	HI	96822-4632

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2013

Amount of Each Disbursement this Period

46.00
-------

Transaction ID : VN7RK9NK547

**C. United States Postal Service**Mailing Address Honolulu Downtown Station  
335 Merchant St

City	State	Zip Code
Honolulu	HI	96813

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2013

Amount of Each Disbursement this Period

46.00
-------

Transaction ID : VN7RK9NK555

[MEMO ITEM]

\*

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

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

4195.27



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

PAGE 50 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address PO Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Amount of Each Disbursement this Period

17.60
-------

Transaction ID : VN7RK9N6HT2

**B. First Data**

Mailing Address PO Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Amount of Each Disbursement this Period

288.44
--------

Transaction ID : VN7RK9N6HY4

**C. First Data**

Mailing Address PO Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

Amount of Each Disbursement this Period

581.15
--------

Transaction ID : VN7RK9NACQ1

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

887.19

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

PAGE 51 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement  
Merchant Fees

Candidate Name

Category/  
Type

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

Amount of Each Disbursement this Period

38.25
-------

Transaction ID : VN7RK9NACR9

**B. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement  
Merchant Fees

Candidate Name

Category/  
Type

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

Amount of Each Disbursement this Period

130.06
--------

Transaction ID : VN7RK9NACS7

**C. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement  
Merchant Service Fees

Candidate Name

Category/  
Type

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

Amount of Each Disbursement this Period

29.25
-------

Transaction ID : VN7RK9Q11C2

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

197.56

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

PAGE 52 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Amount of Each Disbursement this Period

369.65
--------

Purpose of Disbursement  
Merchant Service FeesCategory/  
Type

Transaction ID : VN7RK9Q11D0

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

**B. Jonathan Grobe**

Mailing Address 4391 Kahala Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2013

City	State	Zip Code
Honolulu	HI	96816-4854

Amount of Each Disbursement this Period

747.00
--------

Purpose of Disbursement  
Travel ExpensesCategory/  
Type

Transaction ID : VN7RK9N6JW1

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address PO Box 66100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

City	State	Zip Code
Chicago	IL	60666-0100

Amount of Each Disbursement this Period

747.00
--------

Purpose of Disbursement  
Travel ExpensesCategory/  
Type

Transaction ID : VN7RK9N6JX9

[MEMO ITEM]

\*

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

State: District:

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

1116.65

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

PAGE 53 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Jonathan Grobe**

Mailing Address 4391 Kahala Ave

City	State	Zip Code
Honolulu	HI	96816-4854

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

Amount of Each Disbursement this Period

2663.10
---------

Transaction ID : VN7RK9NXC99

**B. Jonathan Grobe**

Mailing Address 4391 Kahala Ave

City	State	Zip Code
Honolulu	HI	96816-4854

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2013

Amount of Each Disbursement this Period

59.40
-------

Transaction ID : VN7RK9Q0FS8

**c. Randy Grobe**

Mailing Address 46-394 Haiku Plantations Dr

City	State	Zip Code
Kaneohe	HI	96744-4206

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : VN8QVC3FRX0I

\* In-Kind Received

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

2663.10

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

PAGE 54 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Travis Grobe**

Mailing Address 215 San Antonio Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

City	State	Zip Code
Honolulu	HI	96813-1728

Purpose of Disbursement  
Catering

Amount of Each Disbursement this Period

2840.31
---------

Transaction ID : VN8QVC3FS871

Candidate Name

Category/  
Type

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

\* In-Kind Received

State: District:

Full Name (Last, First, Middle Initial)

**B. Guide.net**

Mailing Address PO Box 160905

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

City	State	Zip Code
Honolulu	HI	96816-0921

Purpose of Disbursement  
Voter List

Amount of Each Disbursement this Period

574.87
--------

Transaction ID : VN7RK9NDPA4

Candidate Name

Category/  
Type

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

State: District:

Full Name (Last, First, Middle Initial)

**C. Guide.net**

Mailing Address PO Box 160905

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
Honolulu	HI	96816-0921

Purpose of Disbursement  
Voter List

Amount of Each Disbursement this Period

365.44
--------

Transaction ID : VN7RK9Q0H55

Candidate Name

Category/  
Type

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

State: District:

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

2840.31

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

PAGE 55 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Hagadone**

Mailing Address PO Box 30041

City	State	Zip Code
Honolulu	HI	96820-0041

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 17 / 2013

Amount of Each Disbursement this Period

1371.73
---------

Transaction ID : VN7RK9N6JK0

**B. Ka Iwi Coast Run and Walk**

Mailing Address PO Box 25566

City	State	Zip Code
Honolulu	HI	96825-0566

Purpose of Disbursement  
Event Registration Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 05 / 2013

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : VN7RK9N6DZ3

[MEMO ITEM]

\*

**c. Janyne S R Kaai**

Mailing Address 91-1064 Pakaweli St

City	State	Zip Code
Kapolei	HI	96707-3217

Purpose of Disbursement  
Event Registration

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 23 / 2013

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : VN7RK9NXCG4

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

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

1571.73

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

PAGE 56 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Janyne S R Kaai**

Mailing Address 91-1064 Pakaweli St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
Kapolei	HI	96707-3217

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

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

Amount of Each Disbursement this Period

1863.87
---------

Transaction ID : VN7RK9Q0GK3

**B. Janyne S R Kaai**

Mailing Address 91-1064 Pakaweli St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
Kapolei	HI	96707-3217

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

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

Amount of Each Disbursement this Period

9.20
------

Transaction ID : VN7RK9Q0GM1

**C. United States Postal Service**Mailing Address Honolulu Downtown Station  
335 Merchant St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
Honolulu	HI	96813

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

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

Amount of Each Disbursement this Period

9.20
------

Transaction ID : VN7RK9Q0GN9

[MEMO ITEM]

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1873.07
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**SUBTOTAL** of Disbursements This Page (optional).....**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Janyne S R Kaai**

Mailing Address 91-1064 Pakaweli St

City	State	Zip Code
Kapolei	HI	96707-3217

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

60.94
-------

Transaction ID : VN7RK9Q0GZ8

**B. Janyne S R Kaai**

Mailing Address 91-1064 Pakaweli St

City	State	Zip Code
Kapolei	HI	96707-3217

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

1654.45
---------

Transaction ID : VN7RK9Q5CZ0

**c. NGP Van, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement  
Database Software

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

1350.00
---------

Transaction ID : VN7RK9N6J41

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

3065.39

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

PAGE 58 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. NGP Van, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Website Development

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
11	01	2013

Amount of Each Disbursement this Period

1650.00
---------

Transaction ID : VN7RK9N9AZ2

**B. Phil Wood Worldwide Words**

Mailing Address 1561 Halekoa Dr

City Honolulu State HI Zip Code 96821-1124

Purpose of Disbursement  
Communications Consulting

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
10	09	2013

Amount of Each Disbursement this Period

3141.36
---------

Transaction ID : VN7RK9N6J83

**C. Pono Media, LLC**Mailing Address 98-1277 Kaahumanu St  
# 106-129

City Aiea State HI Zip Code 96701-5314

Purpose of Disbursement  
Social Media Consulting

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
10	09	2013

Amount of Each Disbursement this Period

4571.88
---------

Transaction ID : VN7RK9N6JA9

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

9363.24

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

PAGE 59 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Pono Media, LLC**Mailing Address 98-1277 Kaahumanu St  
# 106-129

City Aiea State HI Zip Code 96701-5314

Purpose of Disbursement  
Social Media Consulting

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
11	01	2013

Amount of Each Disbursement this Period

4702.50
---------

Transaction ID : VN7RK9N9B00

**B. Pono Media, LLC**Mailing Address 98-1277 Kaahumanu St  
# 106-129

City Aiea State HI Zip Code 96701-5314

Purpose of Disbursement  
Social Media Consulting

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
12	02	2013

Amount of Each Disbursement this Period

4702.50
---------

Transaction ID : VN7RK9Q0FV3

**c. Star Event Staff LLC**Mailing Address 401 Kamakee St  
Ste 305

City Honolulu State HI Zip Code 96814-4243

Purpose of Disbursement  
Canvassing

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
11	22	2013

Amount of Each Disbursement this Period

523.56
--------

Transaction ID : VN7RK9NXCF6

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

9928.56

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

PAGE 60 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. Oswald K Stender**

Mailing Address PO Box 3946

City	State	Zip Code
Honolulu	HI	96812-3946

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 30 / 2013

Amount of Each Disbursement this Period

1543.93
---------

Transaction ID : VN8QVC3BEV9I

\* In-Kind Received

**B. The Box Jelly**

Mailing Address PO Box 235993

City	State	Zip Code
Honolulu	HI	96823-3519

Purpose of Disbursement  
Office Space

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 03 / 2013

Amount of Each Disbursement this Period

314.14
--------

Transaction ID : VN7RK9N6HK7

**c. The Box Jelly**

Mailing Address PO Box 235993

City	State	Zip Code
Honolulu	HI	96823-3519

Purpose of Disbursement  
Office Space

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2013

Amount of Each Disbursement this Period

314.14
--------

Transaction ID : VN7RK9N9AY4

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

2172.21

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

PAGE 61 OF 64

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

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NAME OF COMMITTEE (In Full)  
**Ikaika for Hawaii**

Full Name (Last, First, Middle Initial)

**A. The Box Jelly**

Mailing Address PO Box 235993

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

City	State	Zip Code
Honolulu	HI	96823-3519

Amount of Each Disbursement this Period

314.14
--------

Purpose of Disbursement  
Office SpaceCategory/  
Type

Transaction ID : VN7RK9Q0H39

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. The Pacific Club**

Mailing Address 1451 Queen Emma St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2013

City	State	Zip Code
Honolulu	HI	96813-2003

Amount of Each Disbursement this Period

908.15
--------

Purpose of Disbursement  
CateringCategory/  
Type

Transaction ID : VN7RK9Q0GS0

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**Mailing Address Honolulu Downtown Station  
335 Merchant St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2013

City	State	Zip Code
Honolulu	HI	96813

Amount of Each Disbursement this Period

165.00
--------

Purpose of Disbursement  
Postage & Mailing ExpensesCategory/  
Type

Transaction ID : VN7RK9NXC81

Candidate Name

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

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

1387.29

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

PAGE 62 OF 64

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

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

**A. Brooke Wilson**

Mailing Address 1273 Aupupu Pl

City	State	Zip Code
Kailua	HI	96734-4158

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2013

Amount of Each Disbursement this Period

18.43
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Transaction ID : VN7RK9NDPD8

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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

18.43
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65823.70
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**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 64 OF 64

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Ikaika for Hawaii**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**E Noa Corporation**

Nature of Debt (Purpose):

Trolley rental for Parade

Mailing Address PO Box 235873

City State

Zip Code

Honolulu

HI

96823-3515

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5T39H84M7

Amount Incurred This Period

577.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

577.50

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) ..... ►

577.50

2) **TOTALS** This Period (last page this line number only) ..... ►

577.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

577.50