

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Pacific Century Financial Corp. Special Political Education Committee

ADDRESS (number and street) 130 Merchant Street, Ste. 1180
 Check if different than previously reported. (ACC)
Honolulu HI 96813

2. **FEC IDENTIFICATION NUMBER** C00025668
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

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 Mr. Robert Crowell

Signature of Treasurer Electronically Filed by Mr. Robert Crowell Date 01 31 2008

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 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Pacific Century Financial Corp. Special Political Education Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		14204.30
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	5679.80									
(c) Total Receipts (from Line 19)	10245.00	21317.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15924.80	35521.80								
7. Total Disbursements (from Line 31)	-921.20	18675.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16846.00	16846.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Pacific Century Financial Corp. Special Political Education Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9450.00	16050.00
(i) Itemized (use Schedule A)	795.00	5267.50
(ii) Unitemized	10245.00	21317.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10245.00	21317.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10245.00	21317.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10245.00	21317.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5400.00	10700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	-6321.20	7975.80
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-921.20	18675.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-921.20	18675.80

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	10245.00	21317.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10245.00	21317.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kevin Baptist

Mailing Address P. O. Box 877

City State Zip Code
Lahaina HI 96761

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

Name of Employer Occupation
Bank of Hawaii Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10074

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Vincent Barfield

Mailing Address P.O. Box 2900

City State Zip Code
Honolulu HI 96846-6000

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

Name of Employer Occupation
Bank of Hawaii Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10075

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter Biggs

Mailing Address P.O. Box 2900

City State Zip Code
Honolulu HI 96846

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

Name of Employer Occupation
Bank of Hawaii Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10076

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial)
Ms. Helen Chang

Mailing Address 1441 Kapiolani Blvd.

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2007

Transaction ID: SA11AI.10077

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Mr. Timothy Chang

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2007

Transaction ID: SA11AI.10078

Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Ms Teresa Cronkhite

Mailing Address 949 Kamokila Blvd.

City Kapolei State HI Zip Code 96707

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2007

Transaction ID: SA11AI.10079

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert Crowell

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10080

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Ms. Bonnie Fong

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Century Trust Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10081

Amount of Each Receipt this Period 180.00

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen Fujihara-Chong

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10082

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial)
Mr. Wayne Hamano

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2007

Transaction ID: SA11AI.10084

Amount of Each Receipt this Period 210.00

B. Full Name (Last, First, Middle Initial)
Mr. Byron Hansen

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2007

Transaction ID: SA11AI.10085

Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter Ho

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

FEC ID number of contributing federal political committee. C

Name of Employer Bank of Hawaii Occupation Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2007

Transaction ID: SA11AI.10086

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 510.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Mr. John Hoshino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address 420 Waiakamilo Road		Transaction ID: SA11AI.10072		
	City Honolulu	State HI	Zip Code 96817	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Ms. Janet Katakura		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address PO Box 2900		Transaction ID: SA11AI.10087		
	City Honolulu	State HI	Zip Code 96846-6000	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pacific Century Trust	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Mr. Thomas Koide		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address PO Box 2900		Transaction ID: SA11AI.10088		
	City Honolulu	State HI	Zip Code 96846-6000	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Allan Landon

Mailing Address P.O. Box 2900

City Honolulu State HI Zip Code 96846-6000

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

Name of Employer Bank of Hawaii Occupation Chairman, CEO & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.10089
Amount of Each Receipt this Period 1800.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dennis Lock

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

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

Name of Employer Pacific Century Trust Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.10091
Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert Makahilahila

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

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

Name of Employer Bank of Hawaii Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.10092
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.

Full Name (Last, First, Middle Initial)
Toby Martyn

Mailing Address

City State Zip Code

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

Name of Employer Occupation
Senior Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10093

Amount of Each Receipt this Period
1200.00

B.

Full Name (Last, First, Middle Initial)
Ms. Erlinda Mesick

Mailing Address PO Box 2900

City State Zip Code
Honolulu HI 96846-6000

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

Name of Employer Occupation
Bank of Hawaii Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10096

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ralph Mesick

Mailing Address PO Box 2900

City State Zip Code
Honolulu HI 96846-6000

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

Name of Employer Occupation
Bank of Hawaii Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10097

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 28
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Lee Moriwaki

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

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

Name of Employer Bank of Hawaii Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10098

Amount of Each Receipt this Period
 150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jon Murakami

Mailing Address P.O. Box 2900

City Honolulu State HI Zip Code 96846

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

Name of Employer Bank of Hawaii Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10099

Amount of Each Receipt this Period
 150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gordon Nihei

Mailing Address 98-211 Pali Momi St.

City Aiea State HI Zip Code 96701

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

Name of Employer Bank of Hawaii Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10100

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Ms. Jan Ohtani		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address PO Box 2900		Transaction ID: SA11AI.10101		
	City Honolulu	State HI	Zip Code 96846-6000	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Mr. James Ouchi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address PO Box 2900		Transaction ID: SA11AI.10102		
	City Honolulu	State HI	Zip Code 96846-6000	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Ms. Stephanie Saito		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address P.O. Box 2900		Transaction ID: SA11AI.10103		
	City Honolulu	State HI	Zip Code 96846	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Ms. Mary Sellers		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address PO Box 2900		Transaction ID: SA11AI.10105		
	City Honolulu	State HI	Zip Code 96846-6000	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Mr. Lester Stiefel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address P.O. Box 2900		Transaction ID: SA11AI.10106		
	City Honolulu	State HI	Zip Code 96846	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Mr. Nathan Sult		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	Mailing Address PO Box 2900		Transaction ID: SA11AI.10107		
	City Honolulu	State HI	Zip Code 96846-6000	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Hawaii	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial)
Mr. David Thomas

Mailing Address P.O. Box 2900

City Honolulu State HI Zip Code 96846-6000

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

Name of Employer Bank of Hawaii Occupation Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.10110
Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Mr. Curtis Tom

Mailing Address 4455 Rice St.

City Lihue State HI Zip Code 96766

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

Name of Employer Bank of Hawaii Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.10111
Amount of Each Receipt this Period 240.00

C. Full Name (Last, First, Middle Initial)
Ms. Cori Weston

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-6000

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

Name of Employer Bank of Hawaii Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.10113
Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ▶ 960.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Mr. Kieran Yap		Date of Receipt	
	Mailing Address PO Box 2900		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.10114
	Honolulu	HI	96846-6000	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		150.00	
Name of Employer Bank of Hawaii		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	9450.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial) Mr. Neil Abercrombie <hr/> Mailing Address 1517 Kapiolani Blvd. <hr/> City Honolulu State HI Zip Code 96814 <hr/> Purpose of Disbursement Voided Check <input type="checkbox"/> <hr/> Candidate Name Mr. Neil Abercrombie <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 <hr/> Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10119 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period -1000.00
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mr. Ed Case <hr/> Mailing Address P.O. Box 4618 <hr/> City Kaneohe State HI Zip Code 96744 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> <hr/> Candidate Name Mr. Ed Case <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10168 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 100.00
	Category/ Type
C. Full Name (Last, First, Middle Initial) Chris Dodd <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> <hr/> Candidate Name Chris Dodd <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10158 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 2300.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1400.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Al Gore	Transaction ID: SB23.10118 Date of Disbursement 12 / 31 / 2007
	Mailing Address P. O. Box 18237	Amount of Each Disbursement this Period -1000.00
	City Washington State DC Zip Code 20036-8237	
	Purpose of Disbursement Voided Check	Category/Type
	Candidate Name Al Gore	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B.	Full Name (Last, First, Middle Initial) Sen. Daniel K. Inouye	Transaction ID: SB23.10149 Date of Disbursement 07 / 16 / 2007
	Mailing Address 841 Bishop Street, Suite 1601	Amount of Each Disbursement this Period 5000.00
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement Fundraiser	Category/Type
	Candidate Name Sen. Daniel K. Inouye	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:	

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

5400.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial) Alberto Lamorena <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Voided Check <input type="checkbox"/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.10132 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period -700.00
	Category/ Type
	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Bank of Hawaii <hr/> Mailing Address PO Box 2900 <hr/> City State Zip Code Honolulu HI 96813 <hr/> Purpose of Disbursement Service Charges Candidate Name <hr/> 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) ▼	Transaction ID: SB29.10163 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period 13.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Della Au Bella <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Fundraiser Candidate Name <hr/> 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) ▼	Transaction ID: SB29.10143 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

-637.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Build-PAC Hawaii Mailing Address 1727 Dillingham Blvd. City Honolulu State HI Zip Code 96817 Purpose of Disbursement Voided Check Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.10124 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7	Amount of Each Disbursement this Period -500.00
B.	Full Name (Last, First, Middle Initial) Mr. Romy Cachola Mailing Address P. O. Box 17675 City Honolulu State HI Zip Code 96817 Purpose of Disbursement Contribution Candidate Name Mr. Romy Cachola 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:	Transaction ID: SB29.10151 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7	Amount of Each Disbursement this Period 100.00
C.	Full Name (Last, First, Middle Initial) Citizens for Responsive Government Mailing Address P.O. Box 23031 City Honolulu State HI Zip Code 96823-3031 Purpose of Disbursement Contribution 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:	Transaction ID: SB29.10141 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB29.10126 Date of Disbursement																			
	Mailing Address 1200 Father Duenas Ave.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
	City Agana State GU Zip Code 96910	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Voided Check	<table border="1"><tr><td>-200.00</td></tr></table>	-200.00																		
-200.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Friends of Terri Nui Yoshinaga	Transaction ID: SB29.10122 Date of Disbursement																			
	Mailing Address	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
	City State Zip Code	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Voided Check	<table border="1"><tr><td>-100.00</td></tr></table>	-100.00																		
-100.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Ms Carol Fukunaga	Transaction ID: SB29.10150 Date of Disbursement																			
	Mailing Address P. O. Box 61503	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	7		2	0	0	7												
	City Honolulu State HI Zip Code 96839-1503	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraiser	<table border="1"><tr><td>100.00</td></tr></table>	100.00																		
100.00																					
	Candidate Name Ms Carol Fukunaga	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>-200.00</td></tr></table>	-200.00
-200.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Mr. Nestor Garcia	Transaction ID: SB29.10156 Date of Disbursement 09 / 13 / 2007
	Mailing Address P. O. Box 396	Amount of Each Disbursement this Period 50.00
	City Waipahu State HI Zip Code 96797	
	Purpose of Disbursement Fundraiser	
	Candidate Name Mr. Nestor Garcia	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Carl/Madeleine Gutierrez/Bordallo	Transaction ID: SB29.10131 Date of Disbursement 12 / 31 / 2007
	Mailing Address P. O. Box 24447	Amount of Each Disbursement this Period -1250.00
	City GMG State GU Zip Code 96921	
	Purpose of Disbursement Voided Check	
	Candidate Name Carl/Madeleine Gutierrez/Bordallo	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ms. Colleen Hanabusa	Transaction ID: SB29.10145 Date of Disbursement 07 / 10 / 2007
	Mailing Address 85-910 Bayview St.	Amount of Each Disbursement this Period 250.00
	City Waianae State HI Zip Code 96792	
	Purpose of Disbursement Fundraiser	
	Candidate Name Ms. Colleen Hanabusa	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: HI District: 21	

SUBTOTAL of Disbursements This Page (optional)	-950.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial) Sharon Har <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Fundraiser Candidate Name <hr/> 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) ▼	Transaction ID: SB29.10146 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	[Empty Box]

B. Full Name (Last, First, Middle Initial) Hawaii Republican Party <hr/> Mailing Address 725 Kapiolani Blvd., #C-105 <hr/> City State Zip Code Honolulu HI 96813 <hr/> Purpose of Disbursement Fundraiser Candidate Name <hr/> 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) ▼	Transaction ID: SB29.10157 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	[Empty Box]

C. Full Name (Last, First, Middle Initial) Ms. Lorraine Inouye <hr/> Mailing Address 175 E. Kawaiiani Street <hr/> City State Zip Code Hilo HI 96720 <hr/> Purpose of Disbursement Fundraiser Candidate Name Ms. Lorraine Inouye <hr/> 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) ▼	Transaction ID: SB29.10160 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	[Empty Box]

SUBTOTAL of Disbursements This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A. Full Name (Last, First, Middle Initial) Kaleo Moylan <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Voided Check Candidate Name	Transaction ID: SB29.10129 Date of Disbursement MM / DD / YYYY 12 / 31 / 2007
	Amount of Each Disbursement this Period -20.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
	Disbursement For: 2000 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Ann Kobayashi <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Fundraiser Candidate Name	Transaction ID: SB29.10152 Date of Disbursement MM / DD / YYYY 08 / 09 / 2007
	Amount of Each Disbursement this Period 100.00
	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) ▼

C. Full Name (Last, First, Middle Initial) Ms. Linda Lingle <hr/> Mailing Address P.O. Box 25111 <hr/> City State Zip Code Honolulu HI 96825-0111 <hr/> Purpose of Disbursement Voided Check Candidate Name Ms. Linda Lingle	Transaction ID: SB29.10127 Date of Disbursement MM / DD / YYYY 12 / 31 / 2007
	Amount of Each Disbursement this Period -500.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:
	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	-420.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Mr. Michael Magaoay	Transaction ID: SB29.10161 Date of Disbursement 11 / 29 / 2007
	Mailing Address P.O. Box 977	Amount of Each Disbursement this Period 150.00
	City Waialua State HI Zip Code 96791	
	Purpose of Disbursement Fundraiser	
	Candidate Name Mr. Michael Magaoay	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barbara Marshall	Transaction ID: SB29.10154 Date of Disbursement 08 / 28 / 2007
	Mailing Address	Amount of Each Disbursement this Period 100.00
	City State Zip Code	
	Purpose of Disbursement Fundraiser	
	Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Marumoto	Transaction ID: SB29.10136 Date of Disbursement 12 / 31 / 2007
	Mailing Address P. O. Box 2274	Amount of Each Disbursement this Period -100.00
	City Honolulu State HI Zip Code 96804	
	Purpose of Disbursement Voided Check	
	Candidate Name Ms. Barbara Marumoto	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 19	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

A.	Full Name (Last, First, Middle Initial) Morpac Mailing Address City State Zip Code Purpose of Disbursement Voided Check Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.10134	Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period -1000.00
B.	Full Name (Last, First, Middle Initial) Other Mailing Address City State Zip Code Purpose of Disbursement Voided Checks Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.10137	Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period -6764.20
C.	Full Name (Last, First, Middle Initial) Retail Merchants of Hawaii Mailing Address 539 Cooke St., Ste. 203 City Honolulu State HI Zip Code 96813 Purpose of Disbursement Voided Check Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.10125	Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period -1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

-9264.20

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Century Financial Corp. Special Political Education Committee

<p>A. Full Name (Last, First, Middle Initial) The Harris 2000 Campaign Committee</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Voided Check <input type="checkbox"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.10120 Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Clifton Tsuji, `</p> <p>Mailing Address 1382 Auahi Place</p> <p>City State Zip Code Hilo HI 96720</p> <p>Purpose of Disbursement Fundraiser <input type="checkbox"/></p> <p>Candidate Name Mr. Clifton Tsuji, `</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 03</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.10162 Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Glenn Wakai</p> <p>Mailing Address 1541 Ala Lani St.</p> <p>City State Zip Code Honolulu HI 96819</p> <p>Purpose of Disbursement Fundraiser <input type="checkbox"/></p> <p>Candidate Name Mr. Glenn Wakai</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.10142 Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-800.00

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

-6321.20