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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Kona Tea Party PAC

ADDRESS (number and street)

26-6372 Puulani Street

Check if different than previously reported. (ACC)

Kailua Kona

HI

96740

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00485136

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)

- May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)

- Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)

- Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
Convention (12C)

- X General (12G)
Special (12S)

Runoff (12R)

Election on

11 02 2010

in the State of

HI

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

01/01/2010

through

10 21 2010

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

Michael Sweeney

Signature of Treasurer

[Handwritten Signature]

Date

10 21 2010

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

10030480327

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kona Tea Party PAC

Report Covering the Period: From:

To:

10 21 2010

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010

-0-

(b) Cash on Hand at Beginning of Reporting Period.....

3050

(c) Total Receipts (from Line 19).....

1780.00

1830.00

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....

1810.50

1830.00

7. Total Disbursements (from Line 31).....

1322.25

1340.75

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

488.25

488.25

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....

-0-

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

-0-

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

10030480328

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Hona Teu Party PAC*

Report Covering the Period: From:

To:

10 21 2010

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*1400 00*  
*380 00*  
*1780 00*

*1400 00*  
*430 00*  
*1830 00*

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*- 0 -*  
*- 0 -*  
~~*1780 00*~~  
*1780 00*

*- 0 -*  
*- 0 -*  
*1830 00*

12. Transfers From Affiliated/Other Party Committees.....

*- 0 -*  
*- 0 -*

*- 0 -*  
*- 0 -*

13. All Loans Received.....

*- 0 -*  
*- 0 -*

*- 0 -*  
*- 0 -*

14. Loan Repayments Received.....

*- 0 -*  
*- 0 -*

*- 0 -*  
*- 0 -*

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

*- 0 -*  
*- 0 -*

*- 0 -*  
*- 0 -*

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

*- 0 -*  
*- 0 -*

*- 0 -*  
*- 0 -*

17. Other Federal Receipts (Dividends, Interest, etc.).....

*- 0 -*  
*- 0 -*

*- 0 -*  
*- 0 -*

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

*- 0 -*  
*- 0 -*  
*- 0 -*

*- 0 -*  
*- 0 -*  
*- 0 -*

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*1780 00*

*1830 00*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*- 0 -*

*- 0 -*

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	12025	12025
(ii) Non-Federal Share .....	- 0 -	- 0 -
(b) Other Federal Operating Expenditures .....	- 0 -	- 0 -
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12025	12025
22. Transfers to Affiliated/Other Party Committees .....	- 0 -	- 0 -
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	- 0 -	- 0 -
24. Independent Expenditures (use Schedule E) .....	- 0 -	- 0 -
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	- 0 -	- 0 -
26. Loan Repayments Made .....	- 0 -	- 0 -
27. Loans Made .....	- 0 -	- 0 -
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	- 0 -	- 0 -
(b) Political Party Committees .....	- 0 -	- 0 -
(c) Other Political Committees (such as PACs) .....	- 0 -	- 0 -
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	- 0 -	- 0 -
29. Other Disbursements .....	120000	120000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	- 0 -	- 0 -
(ii) "Levin" Share .....	- 0 -	- 0 -
(b) Federal Election Activity Paid Entirely With Federal Funds .....	- 0 -	- 0 -
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	- 0 -	- 0 -
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132225	132225
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	- 0 -	- 0 -

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1,780.00	1,830.00
34. Total Contribution Refunds (from Line 28(d)) .....	- 0 -	- 0 -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,780.00	1,830.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	- 0 -	- 0 -
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	<del>1,322.25</del>	1,340.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	457.75	457.75

10030480351

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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)

**Kona Tea Party PAC**

Full Name (Last, First, Middle-Initial)

A. **Platt, Bob**

Mailing Address

**74-5599 Pawai Place**

City

**Kailua Kona**

State

**HI**

Zip Code

**96740**

FEC ID number of contributing federal political committee.

**C N/A**

Name of Employer

**PEB Rubbish Service Garbage Man.**

Occupation

**Garbage Man.**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1200.00**

Date of Receipt

**10 02 2010**

Amount of Each Receipt this Period

**1200.00**

Full Name (Last, First, Middle Initial)

B. **Dr Donna Underwood**

Mailing Address

**P.O. Box 5182**

City

**Kailua Kona**

State

**HI**

Zip Code

**96745**

FEC ID number of contributing federal political committee.

**C N/A**

Name of Employer

**Retired**

Occupation

**Retired**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**10 05 2010**

Amount of Each Receipt this Period

**2000.00**

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

**1400.00**

**1900.00**

10030480332

**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 1 OF 1

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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

NAME OF COMMITTEE (In Full)

*Rona Tea Party*

Full Name (Last, First, Middle Initial)

A. *Leau, Becky*

Mailing Address

*PO Box 390584*

City

*Keawhou*

State

*HI*

Zip Code

*96739*

Purpose of Disbursement

*Donation*

Candidate Name

*Becky Leau*

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) *▼*

State: *HI*

District: *6*

Date of Disbursement

*10 08 2010*

Amount of Each Disbursement this Period

*400.00*

Full Name (Last, First, Middle Initial)

B. *John Willoughby*

Mailing Address

~~PO Box 24~~

City

*Kailua*

State

*HI*

Zip Code

*96734-0024*

Purpose of Disbursement

*Donation*

Candidate Name

*John Willoughby*

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) *▼*

State: *US*

District:

Date of Disbursement

*10 14 2010*

Amount of Each Disbursement this Period

*100.00*

Full Name (Last, First, Middle Initial)

C. *Cam Cavasso*

Mailing Address

*1613 Nuuuua Ave Suite C*

City

*Honolulu*

State

*HI*

Zip Code

*96817*

Purpose of Disbursement

*Donation*

Candidate Name

*Cam Cavasso*

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) *▼*

State: *US*

District:

Date of Disbursement

*10 15 2010*

Amount of Each Disbursement this Period

*400.00*

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

*1200.00*

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

*1200.00*

10030480333

**SCHEDULE C (FEC Form 3X)  
LOANS**

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

PAGE 7 OF 7  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
*Kona Tea Party PAC*

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary  
 General  
 Other (specify) ▼

Mailing Address

*NA*

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

*01/01/2011*

*01/01/2011*

% (apr)

Yes  No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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

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

10030480334



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Kona Tea Party PAC</b>		FEC IDENTIFICATION NUMBER <b>C00485136</b>
LENDING INSTITUTION (LENDER) Full Name <b>N/A</b>	Amount of Loan	Interest Rate (APR) %
Mailing Address <b>N/A</b>	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(o)(2) and 100.142(e)(2). Location of account:  
 Date account established: \_\_\_\_\_ Address:  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE
Title		

10030480335

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE 1 OF 1

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

*Hawa Tea Party PAC*

A. 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

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)..... ▶

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

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

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

10030480336

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Kona Tea Party PAC</i>	FEC IDENTIFICATION NUMBER <i>000985136</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>N/A</i>	Date M M / D D / Y Y Y Y
Mailing Address <i>N/A</i>	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures .....	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y

10030480337

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1  
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Kona Tea Party PAC</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address <i>N/A</i>
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	

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

10030480338

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Kona Tea Party PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....%

Nonfederal.....%

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

10030480339

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

*Kona Tea Party PAC*

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	0%	0%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%

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

NAME OF COMMITTEE (In Full) <i>Kona Tea Party PAC</i>		
NAME OF ACCOUNT <i>Kona Tea Party PAC</i>	DATE OF RECEIPT <i>N/A</i>	TOTAL AMOUNT TRANSFERRED <i>N/A</i>

**BREAKDOWN OF TRANSFER RECEIVED**

- i) Total Administrative ..... *0-*
- ii) Generic Voter Drive ..... *0-*
- iii) Exempt Activities ..... *0-*
- iv) Direct Fundraising (List Activity or Event Identifier)
  - a) ..... *0-*
  - b) ..... *0-*
  - c) Total Amount Transferred For Direct Fundraising ..... *0-*
- v) Direct Candidate Support (List Activity or Event Identifier)
  - a) ..... *0-*
  - b) ..... *0-*
  - c) Total Amount Transferred For Direct Candidate Support ..... *0-*
- vi) Public Communications Referring Only to Party (Made by PAC) ..... *0-*

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

- TOTAL This Period (Administrative) ..... *0-*
- TOTAL This Period (Generic Voter Drive) ..... *0-*
- TOTAL This Period (Exempt Activities) ..... *0-*
- TOTAL This Period (Direct Fundraising) ..... *0-*
- TOTAL This Period (Direct Candidate Support) ..... *0-*
- TOTAL This Period (Public Communications Referring Only to Party) ..... *0-*
- TOTAL This Period (Total Amount Transferred) ..... *0-*

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

NAME OF COMMITTEE (In Full) Obama Tea Party PAC

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) <i>Rona Tea Party PAC</i>		
NAME OF ACCOUNT <i>N/A</i>	DATE OF RECEIPT <i>12/15/11</i>	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

i) <b>Voter Registration</b> Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION \$ <i>100.00</i>
ii) <b>Voter ID</b> Total Amount Transferred for Voter ID.....	VOTER ID \$ <i>0.00</i>
iii) <b>GOTV</b> Total Amount Transferred for GOTV.....	GOTV \$ <i>0.00</i>
iv) <b>Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY \$ <i>0.00</i>

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) <b>Voter Registration</b> Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION \$ <i>100.00</i>
ii) <b>Voter ID</b> Total Amount Transferred for Voter ID.....	VOTER ID \$ <i>0.00</i>
iii) <b>GOTV</b> Total Amount Transferred for GOTV.....	GOTV \$ <i>0.00</i>
iv) <b>Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY \$ <i>0.00</i>

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....	\$ <i>100.00</i>
TOTAL This Period (Voter ID).....	\$ <i>0.00</i>
TOTAL This Period (GOTV).....	\$ <i>0.00</i>
TOTAL This Period (Generic Campaign Activity).....	\$ <i>0.00</i>
TOTAL This Period (Total Amount of Transfers Received).....	\$ <i>100.00</i>

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**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
*Kona Tea Party PAC*

A. Full Name (Last, First, Middle Initial) / Full Organization Name <i>MA</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>			

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**SCHEDULE L (FEC Form 3X)  
AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) *Kona Tea Party PAC*  
 NAME OF ACCOUNT *N/A*

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND .....</b> (for Column B, use cash as of January 1st)		
<b>8. RECEIPTS .....</b> (from Line 3)		
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)		
<b>10. DISBURSEMENTS .....</b> (From Line 6)		
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)		

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**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 1 OF 1

FOR LINE NUMBER:  
(check only one)  1a  2

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)  
*Rona Tea Party PAC*

**A.**  
Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Name of Employer or Principal Place of Business  
Occupation

Date of Receipt  
Amount of Each Receipt this Period  
Aggregate Year-to-Date

**B.**  
Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Name of Employer or Principal Place of Business  
Occupation

Date of Receipt  
Amount of Each Receipt this Period  
Aggregate Year-to-Date

**C.**  
Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Name of Employer or Principal Place of Business  
Occupation

Date of Receipt  
Amount of Each Receipt this Period  
Aggregate Year-to-Date

**D.**  
Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Name of Employer or Principal Place of Business  
Occupation

Date of Receipt  
Amount of Each Receipt this Period  
Aggregate Year-to-Date

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

Aggregate Year-to-Date

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**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)  
Kona Tea Party PAC

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
MA  
Date of Disbursement  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

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

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10/21/10</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
 PREPARER  
 (3/2005)

*10/27/10*  
 DATE PREPARED

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