FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

Cam Cavasso for U.S. Senate

ADDRESS (number and street) ▼ 41-530 Waikupanaha Street

☐ Check if different than previously reported. (ACC)

CITY ▲ Waimanalo — STATE ▲ HI — ZIP CODE ▲ 96795 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00405852

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: HI

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

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

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

Election on MM/DD/YYYY in the State of

(c) 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 10/01/2013 through 12/31/2013

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

Type or Print Name of Treasurer Phil Uyehara

Signature of Treasurer *Phil Uyehara* Phil Uyehara Date 01/28/2014

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

14020100382

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cam Cavasso for U.S. Senate

Report Covering the Period: From: M M 10 / D D 01 / Y Y Y Y 2013 To: M M 12 / D D 31 / Y Y Y Y 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1205.00	23965.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1205.00	23965.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9752.61	62215.58
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2165.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9752.61	60049.90
8. Cash on Hand at Close of Reporting Period (from Line 27)	1678.33	
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)	154069.65	

For further information contact:

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

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

14020100383

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 10 / 01 / 2013 To: 12 / 31 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1000.00	18000.00
(ii) Unitemized	205.00	3602.00
(iii) TOTAL of contributions from individuals ▶	1205.00	21602.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	2363.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1205.00	23965.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	9400.00	100868.29
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	9400.00	100868.29
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2165.68
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	10605.00	126998.97

14020100384

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	9752.61	62215.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	3967.13	74219.01
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	3967.13	74219.01
20. 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 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	13719.74	136434.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	4793.07
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	10605.00
25. SUBTOTAL (add Line 23 and Line 24)	15398.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	13719.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1678.33

14020100385

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Jack A Hughes
Mailing Address: 13030 Sugarbluff Road
City: Clermont | State: FL | Zip Code: 34715
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 12 / 09 / 2013
Transaction ID : SA11AI.7353
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Danny Melton
Mailing Address: 94-1033 Halepili St
City: Waipahu | State: HI | Zip Code: 96797
FEC ID number of contributing federal political committee: C
Name of Employer: Joint POW/MIA Accounting Cmnd
Occupation: Policy Advisor, J5
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 11 / 23 / 2013
Transaction ID : SA11AI.7351
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only) 1000.00

14020100386

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual | Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 71683.95
Date of Receipt: 10 / 09 / 2013
Transaction ID : SA13A.7354
Amount of Each Receipt this Period: 500.00
Loan from Candidate

B.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual | Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 79683.95
Date of Receipt: 10 / 29 / 2013
Transaction ID : SA13A.7355
Amount of Each Receipt this Period: 8000.00
Loan from Candidate

C.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual | Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 79883.95
Date of Receipt: 11 / 25 / 2013
Transaction ID : SA13A.7356
Amount of Each Receipt this Period: 200.00
Loan from Candidate

SUBTOTAL of Receipts This Page (optional) 8700.00

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

14020100387

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo State: HI Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 80383.95
Date of Receipt: 12 / 13 / 2013
Transaction ID : SA13A.7357
Amount of Each Receipt this Period: 500.00
Loan from Candidate

B.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo State: HI Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 80583.95
Date of Receipt: 12 / 31 / 2013
Transaction ID : SA13A.7358
Amount of Each Receipt this Period: 200.00
Loan from Candidate

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

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only) 9400.00

14020100388

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
A-O.K. Business Services-Honolulu

Mailing Address 350 Ward Avenue
Suite 106

City: Honolulu | State: HI | Zip Code: 96814-4004

Purpose of Disbursement: Rent-mail box

Category/Type: 001

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 10 / 18 / 2013

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.7399

B. Full Name (Last, First, Middle Initial)
ACH Direct, Inc

Mailing Address 500 West Bethany Drive
Suite 200

City: Allen | State: TX | Zip Code: 75013

Purpose of Disbursement: Service Charges

Category/Type: 001

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 10 / 10 / 2013

Amount of Each Disbursement this Period: 19.99

Transaction ID : SB17.7368

C. Full Name (Last, First, Middle Initial)
ACH Direct, Inc

Mailing Address 500 West Bethany Drive
Suite 200

City: Allen | State: TX | Zip Code: 75013

Purpose of Disbursement: Service Charges

Category/Type: 001

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 11 / 12 / 2013

Amount of Each Disbursement this Period: 19.99

Transaction ID : SB17.7369

SUBTOTAL of Disbursements This Page (optional) 139.98

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

14020100389

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial): ACH Direct, Inc
Mailing Address: 500 West Bethany Drive, Suite 200
City: Allen State: TX Zip Code: 75013
Purpose of Disbursement: Service Charges
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 10 / 2013
Amount of Each Disbursement this Period: 19.99
Transaction ID : SB17.7370

B. Full Name (Last, First, Middle Initial): AMEX
Mailing Address: P.O. Box 981535
City: El Paso State: TX Zip Code: 79998-1535
Purpose of Disbursement: Service Charges
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 03 / 2013
Amount of Each Disbursement this Period: 7.95
Transaction ID : SB17.7365

C. Full Name (Last, First, Middle Initial): AMEX
Mailing Address: P.O. Box 981535
City: El Paso State: TX Zip Code: 79998-1535
Purpose of Disbursement: Service Charges
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 04 / 2013
Amount of Each Disbursement this Period: 7.95
Transaction ID : SB17.7366

SUBTOTAL of Disbursements This Page (optional) 35.89

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

14020100390

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): AMEX
Mailing Address: P.O. Box 981535
City: El Paso State: TX Zip Code: 79998-1535
Purpose of Disbursement: Service Charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 03 / 2013
Amount of Each Disbursement this Period: 7.95
Transaction ID : SB17.7367

B.
Full Name (Last, First, Middle Initial): AMEX
Mailing Address: P.O. Box 981535
City: El Paso State: TX Zip Code: 79998-1535
Purpose of Disbursement: Late Payment Fee
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 21 / 2013
Amount of Each Disbursement this Period: 25.00
Transaction ID : SB17.7364

C.
Full Name (Last, First, Middle Initial): Bank of America Amex
Mailing Address: P.O. Box 982235
City: El Paso State: TX Zip Code: 79998-2235
Purpose of Disbursement: CC Finance charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 19 / 2013
Amount of Each Disbursement this Period: 26.73
Transaction ID : SB17.7374

SUBTOTAL of Disbursements This Page (optional) 59.68

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

14020100391

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Bank of America Amex
Mailing Address: P.O. Box 982235
City: El Paso State: TX Zip Code: 79998-2235
Purpose of Disbursement: CC Finance Charges
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 19 / 2013
Amount of Each Disbursement this Period: 25.64
Transaction ID : SB17.7375

B.
Full Name (Last, First, Middle Initial): Bank of America Amex
Mailing Address: P.O. Box 982235
City: El Paso State: TX Zip Code: 79998-2235
Purpose of Disbursement: CC Finance Charges
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 18 / 2013
Amount of Each Disbursement this Period: 162.50
Transaction ID : SB17.7376

C.
Full Name (Last, First, Middle Initial): Dell Marketing
Mailing Address: P.O. Box 910916
City: Pasadena State: CA Zip Code: 91110-0916
Purpose of Disbursement: Computer Equip-past due bal
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 31 / 2013
Amount of Each Disbursement this Period: 300.00
Transaction ID : SB17.7387

SUBTOTAL of Disbursements This Page (optional) 488.14

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

14020100392

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial): Dell Marketing
Mailing Address: P.O. Box 910916
City: Pasadena State: CA Zip Code: 91110-0916
Purpose of Disbursement: Computer Equip-past due bal
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 11/16/2013
Amount of Each Disbursement this Period: 200.00
Transaction ID : SB17.7388

B. Full Name (Last, First, Middle Initial): Dell Marketing
Mailing Address: P.O. Box 910916
City: Pasadena State: CA Zip Code: 91110-0916
Purpose of Disbursement: Computer equip-past due bal
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12/05/2013
Amount of Each Disbursement this Period: 150.00
Transaction ID : SB17.7389

C. Full Name (Last, First, Middle Initial): Global Payments
Mailing Address: 10 Glenlake Parkway NE
City: Atlanta State: GA Zip Code: 30328
Purpose of Disbursement: Service Charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10/02/2013
Amount of Each Disbursement this Period: 4.99
Transaction ID : SB17.7361

SUBTOTAL of Disbursements This Page (optional) 354.99

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

14020100393

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial): Global Payments
Mailing Address: 10 Glenlake Parkway NE
City: Atlanta State: GA Zip Code: 30328
Purpose of Disbursement: Service Charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 04 / 2013
Amount of Each Disbursement this Period: 5.45
Transaction ID : SB17.7362

B. Full Name (Last, First, Middle Initial): Global Payments
Mailing Address: 10 Glenlake Parkway NE
City: Atlanta State: GA Zip Code: 30328
Purpose of Disbursement: Service charges,
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 03 / 2013
Amount of Each Disbursement this Period: 5.87
Transaction ID : SB17.7363

C. Full Name (Last, First, Middle Initial): Google
Mailing Address: 1600 Amphitheatre Parkway
City: Mountain View State: CA Zip Code: 94043
Purpose of Disbursement: Advertising
Category/Type: 004
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 02 / 2013
Amount of Each Disbursement this Period: 30.00
Transaction ID : SB17.7359

SUBTOTAL of Disbursements This Page (optional) 41.32

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

14020100394

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial): Google
Mailing Address: 1600 Amphitheatre Parkway
City: Mountain View State: CA Zip Code: 94043
Purpose of Disbursement: Advertising
Category/Type: 004
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 03 / 2013
Amount of Each Disbursement this Period: 30.00
Transaction ID : SB17.7360

B. Full Name (Last, First, Middle Initial): Intuit, Inc
Mailing Address: 2632 Marine Way
City: Mountain View State: CA Zip Code: 94043
Purpose of Disbursement: Online GL services
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 05 / 2013
Amount of Each Disbursement this Period: 25.34
Transaction ID : SB17.7380

C. Full Name (Last, First, Middle Initial): Intuit, Inc
Mailing Address: 2632 Marine Way
City: Mountain View State: CA Zip Code: 94043
Purpose of Disbursement: Online GL services
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 05 / 2013
Amount of Each Disbursement this Period: 25.34
Transaction ID : SB17.7381

SUBTOTAL of Disbursements This Page (optional) 80.68

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

14020100395

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Keneke's Plate Lunch & BBQ
Mailing Address: 41-857 Kalanianaole Hwy
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Event Catering
Candidate Name:
Category/Type: 007
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 23 / 2013
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.7386

B.
Full Name (Last, First, Middle Initial): Loving Eyes Productions
Mailing Address: 1546 Pensacola St
City: Honolulu State: HI Zip Code: 96822
Purpose of Disbursement: Photo/video services
Candidate Name:
Category/Type: 006
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 31 / 2013
Amount of Each Disbursement this Period: 547.08
Transaction ID : SB17.7390

C.
Full Name (Last, First, Middle Initial): Loving Eyes Productions
Mailing Address: 1546 Pensacola St
City: Honolulu State: HI Zip Code: 96822
Purpose of Disbursement: Photo/video services
Candidate Name:
Category/Type: 006
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 05 / 2013
Amount of Each Disbursement this Period: 1200.00
Transaction ID : SB17.7391

SUBTOTAL of Disbursements This Page (optional) 2747.08

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

14020100396

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial): Tim Lussier
Mailing Address: 1234 Alexander St #201
City: Honolulu State: HI Zip Code: 96826
Purpose of Disbursement: Campaign Strategy
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 15 / 2013
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.7392

B. Full Name (Last, First, Middle Initial): Tim Lussier
Mailing Address: 1234 Alexander St #201
City: Honolulu State: HI Zip Code: 96826
Purpose of Disbursement: Campaign Strategy
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 04 / 2013
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.7393

C. Full Name (Last, First, Middle Initial): Tim Lussier
Mailing Address: 1234 Alexander St #201
City: Honolulu State: HI Zip Code: 96826
Purpose of Disbursement: Campaign Strategy
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 18 / 2013
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.7394

SUBTOTAL of Disbursements This Page (optional) 3000.00

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

14020100397

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Tim Lussier
Mailing Address: 1234 Alexander St #201
City: Honolulu State: HI Zip Code: 96826
Purpose of Disbursement: Campaign Strategy
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 13 / 2013
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.7395

B.
Full Name (Last, First, Middle Initial): Mailchimp
Mailing Address: 512 Means Street Suite 404
City: Atlanta State: GA Zip Code: 30318
Purpose of Disbursement: Email services
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 18 / 2013
Amount of Each Disbursement this Period: 50.00
Transaction ID : SB17.7382

C.
Full Name (Last, First, Middle Initial): Mailchimp
Mailing Address: 512 Means Street Suite 404
City: Atlanta State: GA Zip Code: 30318
Purpose of Disbursement: Email services
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 19 / 2013
Amount of Each Disbursement this Period: 50.00
Transaction ID : SB17.7383

SUBTOTAL of Disbursements This Page (optional) 1100.00

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

14020100398

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): RSC Partners, Inc
Mailing Address: P.O. Box 691826
City: Los Angeles State: CA Zip Code: 90069
Purpose of Disbursement: Professional Fees-past due bal
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 31 / 2013
Amount of Each Disbursement this Period: 600.00
Transaction ID : SB17.7396

B.
Full Name (Last, First, Middle Initial): RSC Partners, Inc
Mailing Address: P.O. Box 691826
City: Los Angeles State: CA Zip Code: 90069
Purpose of Disbursement: Professional Fees-past due bal
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 11 / 16 / 2013
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.7397

C.
Full Name (Last, First, Middle Initial): RSC Partners, Inc
Mailing Address: P.O. Box 691826
City: Los Angeles State: CA Zip Code: 90069
Purpose of Disbursement: Professional Fees-past due bal
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 05 / 2013
Amount of Each Disbursement this Period: 300.00
Transaction ID : SB17.7398

SUBTOTAL of Disbursements This Page (optional) 1300.00

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

14020100399

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Webconnex
Mailing Address: 455 Capitol Mall, Suite 325
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: CC processing fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 16 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7377

B.
Full Name (Last, First, Middle Initial): Webconnex
Mailing Address: 455 Capitol Mall, Suite 325
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: CC processing fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 15 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7378

C.
Full Name (Last, First, Middle Initial): Webconnex
Mailing Address: 455 Capitol Mall, Suite 325
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: CC processing fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 17 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7379

SUBTOTAL of Disbursements This Page (optional) 177.00

TOTAL This Period (last page this line number only) 9524.76

14020100400

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial): Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2013
Amount of Each Disbursement this Period: 190.90
Transaction ID : SB19A.7402

B. Full Name (Last, First, Middle Initial): Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2013
Amount of Each Disbursement this Period: 334.10
Transaction ID : SB19A.7403

C. Full Name (Last, First, Middle Initial): Campbell Cavasso-2444
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card bal
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2013
Amount of Each Disbursement this Period: 186.97
Transaction ID : SB19A.7404

SUBTOTAL of Disbursements This Page (optional) 711.97

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

14020100401

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso-2444
Mailing Address: 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card bal
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2013
Amount of Each Disbursement this Period: 7.70
Transaction ID : SB19A.7405

B.
Full Name (Last, First, Middle Initial): Campbell Cavasso-2444
Mailing Address: 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card bal
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2013
Amount of Each Disbursement this Period: 1344.33
Transaction ID : SB19A.7406

C.
Full Name (Last, First, Middle Initial): Campbell Cavasso-2911
Mailing Address: 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card bal
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2013
Amount of Each Disbursement this Period: 168.00
Transaction ID : SB19A.7407

SUBTOTAL of Disbursements This Page (optional) 1520.03

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

14020100402

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Mailing Address 41-530 Waikupanaha Street

City: Waimanalo State: HI Zip Code: 96795

Purpose of Disbursement: Payment on credit card bal

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 1735.13

Transaction ID : SB19A.7408

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 1735.13

TOTAL This Period (last page this line number only) 3967.13

14020100403

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6859

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 M / D 18 D / Y 2011 Y	M M / D D / Y 12/31/2016 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

14020100404

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6860

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

Mailing Address
P.O. Box 44

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2600.00	0.00	2600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 29 / Y 2011	M M / D D / Y Y Y Y 12/31/2016	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2600.00

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

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

14020100405

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6977

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

Mailing Address
P.O. Box 44

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1989.95	0.00	1989.95

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 M / D 18 D / Y 2011 Y Y	M M / D D / Y 12/31/16 Y Y Y Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1989.95

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.

14020100406

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7003

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 17 D / Y Y Y Y 2011	M M / D D / Y Y Y Y 12/31/2016	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1500.00

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

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

14020100407

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7004

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 07 D / Y 2011 Y	M M / D D / Y Y Y Y 12/31/2016	0.00 % (apr)	[ ] Yes [X] 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) ▶ 1200.00

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

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

14020100408

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7005

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 M / D 02 D / Y Y 2011 Y Y	M M / D D / Y Y 12/31/16 Y Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

14020100409

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7006

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 M / D 12 D / Y 2011 Y	M M / D D / Y 12/31/13 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 5000.00

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

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

14020100410

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7007

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 M / D 28 D / Y 2011 Y	M M / D D / Y 12/31/2016 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 300.00

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

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

14020100411

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7042

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 M / D 04 D / Y 2012 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 400.00

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

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

14020100412

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7043

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 M / D 20 D / Y 2012 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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

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

14020100413

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7044

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
680.00	0.00	680.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 M / D 13 D / Y 2012 Y	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 680.00

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

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

14020100414

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7045

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
650.00	0.00	650.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 M / D 02 D / Y Y 2012 Y	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 650.00

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

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

14020100415

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7046

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3200.00	0.00	3200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 M / D 09 D / Y 2012 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3200.00

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

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

14020100416

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7047

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
836.00	0.00	836.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 M / D 23 D / Y Y 2012 Y Y	M M / D D / Y Y 12/31/16 Y Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 836.00

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

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

14020100417

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7083

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

Mailing Address
P.O. Box 44

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04/30/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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

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

14020100418

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7084

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1695.00	0.00	1695.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 31 / Y 2012	M M / D D / Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1695.00

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

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

14020100419

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7085

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

Mailing Address
P.O. Box 44

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06/30/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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

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

14020100420

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7116

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 M / D 31 D / Y 2012 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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

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

14020100421

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7117

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3470.00	0.00	3470.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 M / D 31 D / Y 2012 Y Y Y	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3470.00

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

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

14020100422

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7118

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2012	M M / D D / Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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

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

14020100423

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7147

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

Mailing Address
P.O. Box 44

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 02 D / Y 2012 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

14020100424

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7148

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 / D D 18 / Y Y Y Y 2012	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 100.00

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

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

14020100425

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7149

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 09 D / Y 2012 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1500.00

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

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

14020100426

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7150

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16500.00	0.00	16500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 03 / Y 2012	M M / D D / Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 16500.00

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

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

14020100427

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7197

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 M / D 03 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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

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

14020100428

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7198

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

Mailing Address
P.O. Box 44

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600.00	0.00	1600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 22 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1600.00

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

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

14020100429

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7199

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 M / D 11 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

14020100430

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7200

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

Election: 2010
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 M / D 21 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

14020100431

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7203

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

Mailing Address
P.O. Box 44

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 M / D 05 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

14020100432

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7204

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1100.00	0.00	1100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 M / D 27 D / Y Y Y Y 2013	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1100.00

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

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

14020100433

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

Transaction ID : SC/10.7250

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 M / D 08 D / Y Y Y Y 2013	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 750.00

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

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

14020100434

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7251

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 M / D 25 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 300.00

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

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

14020100435

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7252

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05/16/2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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

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

14020100436

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7253

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 M / D 12 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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

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

14020100437

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7299

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 M / D 08 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2500.00

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

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

14020100438

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7301

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

Mailing Address
P.O. Box 44

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

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

TERMS
Date Incurred: 07 / 29 / 2013
Date Due: M M / D D / Y Y Y Y 12/31/16
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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

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

14020100439

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

Transaction ID : SC/10.7302

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 M / D 23 D / Y 2013 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2100.00

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

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

14020100440

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7303

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1150.00	0.00	1150.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 / D D 09 / Y Y Y Y 2013	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1150.00

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

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

14020100441

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7304

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09/27/2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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

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

14020100442

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7354

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan: 500.00
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 500.00

TERMS

Date Incurred: M 10 / D 09 / Y 2013
Date Due: M M / D D / Y 12/31/16
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 500.00

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

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

14020100443

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7355

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 / D D 29 / Y Y Y Y 2013	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 8000.00

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

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

14020100444

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7356

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 25 D / Y Y 2013 Y	M M / D D / Y Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] 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) ▶ 200.00

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

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

14020100445

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7357

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 M / D 13 D / Y Y Y Y 2013	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 500.00

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

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

14020100446

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7358

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2013	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 200.00

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

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

14020100447

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6233

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06/09/2010	None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2100.00

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

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

14020100448

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6300

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Original Amount of Loan: 1870.36
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 1870.36

TERMS

Date Incurred: M 08 / D 29 / Y 2010
Date Due: M M / D D / Y None
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1870.36

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.

14020100449

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6758

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
338.93	334.10	4.83

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 13 D / Y Y 2010 Y	M M / D D / Y Y None Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 4.83

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.

14020100450

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6727

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
392.33	392.33	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 22 D / Y 2010 Y	M M / D D / Y None Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

14020100451

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6235

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4500.00	0.00	4500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 M / D 02 D / Y Y Y Y 2010	M M / D D / Y Y Y Y None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 4500.00

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

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

14020100452

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

Transaction ID : SC/10.6237

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 M / D 28 D / Y Y 2010 Y Y	M M / D D / Y Y None Y Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 5000.00

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

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

14020100453

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

Transaction ID : SC/10.6249

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19082.79	19082.79	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06/30/2010	None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

14020100454

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6301

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2416.77	0.00	2416.77

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 29 / Y 2010	M M / D D / Y None	0.00 % (apr)	[ ] Yes [X] 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) ▶ 2416.77

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.

14020100455

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6751

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.70	7.70	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 M / D 30 D / Y Y 2010 Y	M M / D D / Y Y None Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

14020100456

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6759

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1596.11	1344.33	251.78

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 13 D / Y Y Y Y 2010	M M / D D / Y Y Y Y None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 251.78

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.

14020100457

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6250

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3562.86	2316.37	1246.49

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 M / D 30 D / Y 2010 Y	M M / D D / Y Y Y Y None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1246.49

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.

14020100458

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6306

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-3240

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	887.70	112.30

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 M / D 06 D / Y 2010 Y	M M / D D / Y None Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 112.30

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.

14020100459

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7195

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21595.75	7654.59	13941.16

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 02 D / Y 2012 Y	M M / D D / Y None Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 13941.16

TOTALS This Period (last page in this line only) ▶ 109164.64

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

14020100460

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

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

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

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

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

Mailing Address 13800 Coppermine Road

City: Herndon State: VA Zip Code: 20171

Nature of Debt (Purpose): Smart Get-Out-the-Vote survey

Transaction ID : SD10.4604

Outstanding Balance Beginning This Period: 31652.90
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 31652.90

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

Mailing Address 13800 Coppermine Road

City: Herndon State: VA Zip Code: 20171

Nature of Debt (Purpose): Saturday GOTV call

Transaction ID : SD10.4606

Outstanding Balance Beginning This Period: 2694.36
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 2694.36

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

Mailing Address 13800 Coppermine Road

City: Herndon State: VA Zip Code: 20171

Nature of Debt (Purpose): GOTV Election Day Nov 2nd

Transaction ID : SD10.4607

Outstanding Balance Beginning This Period: 10557.75
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 10557.75

1) **SUBTOTALS** This Period This Page (optional) ▶	44905.01
2) **TOTALS** This Period (last page this line number only) ▶	44905.01
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	109164.64
4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶	154069.65

14020100461

United States Senate
Post Office

INSPE

Address 2562 Peter St
City Honolulu State HI ZIP 96816

2 Your Internal Billing Reference

3 To
Recipient's Name SECRETARY OF THE SENATE
Company PUBLIC RECORDS
Address 2
Address
City WASHINGTON State DC ZIP 20510-7116

HOLD Weekday
HOLD Saturday

Screened by Senate Post Office

JAN 30 2014

8043 7446 4293

5 Packaging
FedEx Envelope* ☒ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options
SATURDAY Delivery
No Signature Required
Direct Signature ☒
Indirect Signature
Does this shipment contain dangerous goods? One box must be checked.
☒ No ☐ Yes ☐ Dry Ice ☐ Cargo Aircraft Only

7 Payment Bill to:
Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☒ Cash/Check
Total Packages Total Weight lbs.

644

ORIGIN ID:HIKA
UNITED STATES US

SHIP DATE: 28JAN14
ACTWGT: 0.5 LB
CAD: /OFFC1424
DIMS: 0x0x0 IN
BILL SENDER

TO SECRETARY OF THE SENATE
OFFICE OF PUBLIC RECORDS
232 SENATE HART OFFICE BUILDIN

WASHINGTON DC 20510
(000) 000-0000 REF:
INV: PO: DEPT:

FedEx Express

THU - 30 JAN AA
TRK# 0200 8043 7446 4293
** 2DAY **
DSR
20510
DC-US IAD

SA YKNA

Align bottom of peel and stick airbill here.

1 4 0 2 0 1 0 0 0 4 6 2

fedex.com 1.800.Gofedex 1.800.463.3339

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	1/28/14	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/3/14

14020100463

1402010004 64