

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 94-1221 KA UKA BOULEVARD UNIT 108, #351 WAIPAHAU HI 96797 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00620815 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT HI 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 08 / 13 / 2016 in the State of HI (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 24 / 2016

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 Amy Shiroma

Signature of Treasurer Amy Shiroma [Electronically Filed] Date 08 / 02 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**FRIENDS OF SHIRLENE OSTROV**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	12891.85	14794.57
(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)).....	12891.85	14794.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4547.73	6450.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4547.73	6450.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8344.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRIENDS OF SHIRLENE OSTROV**

Report Covering the Period: From:  /  /  To:  /  /

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).....	10051.01	10051.01
(ii) Unitemized .....	2328.00	2328.00
(iii) TOTAL of contributions from individuals .....	12379.01	12379.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	512.84	2415.56
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12891.85	14794.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	12891.85	14794.57

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4547.73	6450.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4547.73	6450.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12891.85
25. SUBTOTAL (add Line 23 and Line 24).....	12891.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4547.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8344.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

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

Mailing Address 21527 La Pena Drive

City San Antonio State TX Zip Code 78258

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

Name of Employer Dentist Occupation USAF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 225 Kuuhoa Place

City Kailua State HI Zip Code 96734

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2016

**Transaction ID : SA11AI.4148**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3520 Finish Line Drive

City Gainesville State VA Zip Code 20155

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2016

**Transaction ID : SA11AI.4191**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

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

Mailing Address 1201 North Garfield Street  
#217

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
USAF Military

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 10 / 2016

**Transaction ID : SA11AI.4167**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address PO Box 8370

City State Zip Code  
Lacey WA 98509

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

Name of Employer Occupation  
LinQuest Corporation Aerospace Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2016

**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 95-218 Ahoka Place

City State Zip Code  
Mililani HI 96789

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

Name of Employer Occupation  
Hawaii Department of Education School Librarian

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2016

**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial) <b>A. Leanne Niino</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2016	
Mailing Address 95-1054 Halemalu Street		<b>Transaction ID : SA11AI.4169</b>	
City Mililani	State HI	Zip Code 96789	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 250.00	
Name of Employer Not Employed		Occupation Not Employed	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Roy Oshiro</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2016	
Mailing Address 95-135 Kapawa Place		<b>Transaction ID : SA11AI.4189</b>	
City Mililani	State HI	Zip Code 96789	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Sharlene Patterson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2016	
Mailing Address 505 Atwood Circle		<b>Transaction ID : SA11AI.4161</b>	
City Peachtree City	State GA	Zip Code 30269	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 250.00	
Name of Employer Griffin-Spalding County School		Occupation Assistant Superintendent	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

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

Mailing Address 95-1055 Kaapeha Street  
Apt 150

City Mililani State HI Zip Code 96789

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

Name of Employer Kapiolani Community College Occupation Instructor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**601.01**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11AI.4213**

Amount of Each Receipt this Period  
**601.01**

Memo Item  
 In-kind - Office Supply - Campaign Laptop/Software

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

Mailing Address 95-1055 Kaapeha Street  
Apt 150

City Mililani State HI Zip Code 96789

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

Name of Employer Kapiolani Community College Occupation Instructor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1601.01**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2016

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address 4103 Seminary Road

City Alexandria State VA Zip Code 22304

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2016

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

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

**4301.01**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

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

Mailing Address 95-1048 Kamalino Street

City Mililani State HI Zip Code 96789

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

Name of Employer Allan Segawa, DDS Occupation Dental Hygienist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 15 / 2016**

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

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

**500.00**

**10051.01**

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

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial) <b>A. SHIRLENE D. (SHIRL) OSTROV</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 05 / 2016
Mailing Address 95-1050 HALEMALU STREET		<b>Transaction ID : SA11D.4203</b>
City MILILANI      State HI      Zip Code 96789	Amount of Each Receipt this Period _____ 49.00	
FEC ID number of contributing federal political committee. <b>C</b> H6HI01279	Name of Employer: Ares Mobility Solutions      Occupation: Chief Executive Officer	<input type="checkbox"/> Memo Item In-kind - Website/Email Expense
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1951.72	

Full Name (Last, First, Middle Initial) <b>B. SHIRLENE D. (SHIRL) OSTROV</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2016
Mailing Address 95-1050 HALEMALU STREET		<b>Transaction ID : SA11D.4208</b>
City MILILANI      State HI      Zip Code 96789	Amount of Each Receipt this Period _____ 325.65	
FEC ID number of contributing federal political committee. <b>C</b> H6HI01279	Name of Employer: Ares Mobility Solutions      Occupation: Chief Executive Officer	<input type="checkbox"/> Memo Item In-kind - Campaign Material Printing
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2415.56	

Full Name (Last, First, Middle Initial) <b>C. SHIRLENE D. (SHIRL) OSTROV</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2016
Mailing Address 95-1050 HALEMALU STREET		<b>Transaction ID : SA11D.4209</b>
City MILILANI      State HI      Zip Code 96789	Amount of Each Receipt this Period _____ 138.19	
FEC ID number of contributing federal political committee. <b>C</b> H6HI01279	Name of Employer: Ares Mobility Solutions      Occupation: Chief Executive Officer	<input type="checkbox"/> Memo Item In-kind - Mailbox Expense
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2089.91	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 512.84
<b>TOTAL</b> This Period (last page this line number only).....	_____ 512.84

**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)		PAGE 11 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial) <b>A. Hana Pa'a Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2016
Mailing Address 94-230 Mahapili Street		Amount of Each Disbursement this Period 536.00
City Mililani	State HI	
Zip Code 96789	Purpose of Disbursement Campaign - T Shirt Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4254</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Oceanair Screenprinting Company</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 94 Kuhaulua Street		Amount of Each Disbursement this Period 1130.89
City Waipahu	State HI	
Zip Code 96797	Purpose of Disbursement Signs and Banners - Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4259</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHIRLENE D. (SHIRL) OSTROV</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 95-1050 HALEMALU STREET		Amount of Each Disbursement this Period 49.00
City MILILANI	State HI	
Zip Code 96789	Purpose of Disbursement In-kind - Website/Email Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4204</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: HI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1715.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial) <b>A. SHIRLENE D. (SHIRL) OSTROV</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 95-1050 HALEMALU STREET		Amount of Each Disbursement this Period 138.19
City MILILANI State HI Zip Code 96789	Purpose of Disbursement In-kind - Mailbox Expense	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4211</b>

Full Name (Last, First, Middle Initial) <b>B. SHIRLENE D. (SHIRL) OSTROV</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 95-1050 HALEMALU STREET		Amount of Each Disbursement this Period 325.65
City MILILANI State HI Zip Code 96789	Purpose of Disbursement In-kind - Campaign Material Printing	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4212</b>

Full Name (Last, First, Middle Initial) <b>c. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016
Mailing Address 2211 North 1st Street		Amount of Each Disbursement this Period 78.60
City San Jose State CA Zip Code 95131	Purpose of Disbursement Bank Fees - Transaction Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4247</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	542.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial) <b>A. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2016
Mailing Address 2211 North 1st Street		Amount of Each Disbursement this Period 3.20
City San Jose State CA Zip Code 95131	Purpose of Disbursement Bank Fees - Transaction Fees	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4248</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2016
Mailing Address 2211 North 1st Street		Amount of Each Disbursement this Period 3.20
City San Jose State CA Zip Code 95131	Purpose of Disbursement Bank Fees - Transaction Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4249</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amy Shiroma</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 95-1055 Kaapeha Street Apt 150		Amount of Each Disbursement this Period 601.01
City Mililani State HI Zip Code 96789	Purpose of Disbursement In-kind - Office Supply - Campaign Laptop/Software	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4215</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	607.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial) <b>A. Amy Shiroma</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 95-1055 Kaapeha Street Apt 150		Amount of Each Disbursement this Period 1045.46
City Mililani	State HI Zip Code 96789	
Purpose of Disbursement Reimbursement for Various Expenses		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4219</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 94-861 Lumiaina Street		Amount of Each Disbursement this Period 234.41
City Waipahu	State HI Zip Code 96797	
Purpose of Disbursement Printing for Campaign Materials		Memo Item <input checked="" type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4219.2</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Aiea Copy Center</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 99-115 Aiea Heights Drive #1		Amount of Each Disbursement this Period 280.88
City Aiea	State HI Zip Code 96701	
Purpose of Disbursement Printing for Campaign Materials		Memo Item <input checked="" type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4219.3</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1045.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF SHIRLENE OSTROV**

Full Name (Last, First, Middle Initial) <b>A. Aiea Copy Center</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 99-115 Aiea Heights Drive #1		Amount of Each Disbursement this Period 228.25
City Aiea	State HI Zip Code 96701	
Purpose of Disbursement Printing for Campaign Materials		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4219.4</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Underwood Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 94-773 Meheula Parkway		Amount of Each Disbursement this Period 172.42
City Millani	State HI Zip Code 96789	
Purpose of Disbursement Campaign Materials - Graphic Design Fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4258</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	172.42
<b>TOTAL</b> This Period (last page this line number only).....	4083.62