

**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)

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

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NAME OF COMMITTEE (In Full)
Hanabusa for Hawaii

A.	Full Name (Last, First, Middle Initial) Hawaii Medical Service Assn	Transaction ID: D128176 Date of Disbursement																			
	Mailing Address PO Box 860	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	0												
	City Honolulu State HI Zip Code 96808	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Benefits - Insurance	<table border="1"><tr><td>586.70</td></tr></table>	586.70																		
586.70																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM]																			

B.	Full Name (Last, First, Middle Initial) Mr. Eric Hamakawa	Transaction ID: D128177 Date of Disbursement																			
	Mailing Address 1133 Waimanu St Apt 2005	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	0												
	City Honolulu State HI Zip Code 96814-4257	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll - Campaign Coordinator	<table border="1"><tr><td>1846.15</td></tr></table>	1846.15																		
1846.15																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM]																			

C.	Full Name (Last, First, Middle Initial) Florence Kong Kong Kee	Transaction ID: D128179 Date of Disbursement																			
	Mailing Address 844 Hoomoana St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	0												
	City Pearl City State HI Zip Code 96782-1623	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll - Field Director	<table border="1"><tr><td>1384.62</td></tr></table>	1384.62																		
1384.62																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM]																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	