22037824509

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Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1 NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Hawaii Medical Service Association Employee Political Action Committee

ADDRESS (number and street) ▼ 818 Keeaumoku Street

☐ Check if different than previously reported. (ACC)

Honolulu | HI | 96814

CITY ▲ STATE ▲ ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00321992

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (M13)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ☐ ☐ ☐ in the State of ☐

(d) 30-Day Post-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐ ☐ ☐ in the State of ☐

5. Covering Period 04 01 2002 through 06 30 2002

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

Type or Print Name of Treasurer Mr. John L. Jacobs

Signature of Treasurer

Date 10 24 2002

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

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FEC FORM 3X (Revised 1/2001)

22037824510

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name
Hawaii Medical Service Association Employee Political Action Committee

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		7091.33
(b) Cash on Hand at Begining of Reporting Period	5034.81	
(c) Total Receipts (from Line 19)	6298.68	11896.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11333.49	19087.69
7. Total Disbursements (from Line 30)	4970.00	12724.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6363.49	6363.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

22037824511

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

Hawaii Medical Service Association Employee Political Action Committee

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1750.00	
(ii) Unitemized	4545.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	6295.00	11990.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ▶	6295.00	11990.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	3.68	6.36
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	6298.68	11996.36
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	6298.68	11996.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	20.00	124.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	20.00	124.20
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1750.00	1750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	3200.00	10850.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	4970.00	12724.20
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) ▶	4970.00	12724.20

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	6295.00	11990.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	6295.00	11990.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	20.00	124.20
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	20.00	124.20

22037824513

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5/12
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Francie Boland
Mailing Address
1 Keahole Place, #1610
City: Honolulu
State: HI
Zip Code: 96825
FEC ID number of contributing federal political committee:
Name of Employer: Hawaii Medical Service Association
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 04 / 01 / 2002
Amount of Each Receipt this Period: 350.00
Contribution
Transaction ID: SA11A1.4415

B. Full Name (Last, First, Middle Initial)
Mr. Bernard Ho
Mailing Address
45-522 Mokulele Drive
City: Kaneohe
State: HI
Zip Code: 96744
FEC ID number of contributing federal political committee:
Name of Employer: Hawaii Medical Service Association
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 / 02 / 2002
Amount of Each Receipt this Period: 300.00
Contribution
Transaction ID: SA11A1.4419

C. Full Name (Last, First, Middle Initial)
Mr. Norman Matthews
Mailing Address
PO Box 11629
City: Honolulu
State: HI
Zip Code: 96828
FEC ID number of contributing federal political committee:
Name of Employer: Hawaii Medical Service Association
Occupation: Assistant Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 31 / 2002
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11A1.4423

SUBTOTAL of Receipts This Page (optional) 900.00

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

22037824514

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A.
Full Name (Last, First, Middle Initial): Mr. Paul Schnur
Mailing Address: 47-137 Kaimalolo Place
City: Kaneohe State: HI Zip Code: 96744
FEC ID number of contributing federal political committee:
Name of Employer: Hawaii Medical Service Association
Occupation: Vice President
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: 04 / 01 / 2002
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11A1.4413

B.
Full Name (Last, First, Middle Initial): Mr. Michael Shiler
Mailing Address: 5650 Haleola Place
City: Honolulu State: HI Zip Code: 96821
FEC ID number of contributing federal political committee:
Name of Employer: Hawaii Medical Service Association
Occupation: Vice President
Aggregate Year-to-Date: 350.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: 04 / 01 / 2002
Amount of Each Receipt this Period: 350.00
Contribution
Transaction ID: SA11A1.4417

C.
Full Name (Last, First, Middle Initial): Ms. Mua Williams
Mailing Address: 1011 Kainui Drive
City: Kailua State: HI Zip Code: 96734
FEC ID number of contributing federal political committee:
Name of Employer: Hawaii Medical Service Association
Occupation: Assistant Vice President
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: 04 / 09 / 2002
Amount of Each Receipt this Period: 250.00
Contribution
Transaction ID: SA11A1.4421

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only) 1750.00

22037824515

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A.
Full Name (Last, First, Middle Initial)
BLUE PAC

Mailing Address
PO BOX 34678
City: WASHINGTON
State: DC
Zip Code: 20043

Purpose of Disbursement
Political Contribution
Candidate Name

Category/Type

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 25 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4449

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

Mailing Address
235 Kuuhoa Place
City: Kailua
State: HI
Zip Code: 96734

Purpose of Disbursement
Political Contribution
Candidate Name

Category/Type

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 02 / 2002

Amount of Each Disbursement this Period: 750.00

Transaction ID: SB23.4483

C.

SUBTOTAL of Disbursements This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ► 1750.00

22037824516

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A. Full Name (Last, First, Middle Initial)
D. Mele Carroll Election Committee

Mailing Address
PO Box 2001
City: Kahului | State: HI | Zip Code: 96733

Purpose of Disbursement
County Council
Candidate Name

Category/Type

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 25 / 2002

Amount of Each Disbursement this Period: 50.00

Transaction ID: SB29.4450

B. Full Name (Last, First, Middle Initial)
Fox for Waikiki/Ala Moana

Mailing Address
411 Hobron Lane, #3911
City: Honolulu | State: HI | Zip Code: 96815

Purpose of Disbursement
State House
Candidate Name

Category/Type

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 19 / 2002

Amount of Each Disbursement this Period: 250.00

Transaction ID: SB29.4447

C. Full Name (Last, First, Middle Initial)
Friends of Bob Nakasone

Mailing Address
140 Alamaha Street
City: Kahului | State: HI | Zip Code: 96732

Purpose of Disbursement
State House
Candidate Name

Category/Type

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 29 / 2002

Amount of Each Disbursement this Period: 100.00

Transaction ID: SB29.4436

SUBTOTAL of Disbursements This Page (optional) ▶ 400.00

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

22037824517

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, X 29

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A. Full Name (Last, First, Middle Initial)
Friends of Charles Kong Djou

Mailing Address
PO Box 22011
City: Honolulu
State: HI
Zip Code: 96823-2011

Purpose of Disbursement
City Council
Candidate Name

Category/Type

Office Sought: House / Senate / President
Disbursement For: 2002 X Primary / General / Other (specify)
State: District:

Date of Disbursement: 05 / 01 / 2002

Amount of Each Disbursement this Period: 200.00

Transaction ID: SB29.4439

B. Full Name (Last, First, Middle Initial)
Friends of Colleen Meyer

Mailing Address
PO Box 680
City: Kaneohe
State: HI
Zip Code: 96744

Purpose of Disbursement
State House
Candidate Name

Category/Type

Office Sought: House / Senate / President
Disbursement For: 2002 X Primary / General / Other (specify)
State: District:

Date of Disbursement: 04 / 26 / 2002

Amount of Each Disbursement this Period: 100.00

Transaction ID: SB29.4435

C. Full Name (Last, First, Middle Initial)
Friends of David Matsuura

Mailing Address
458 Ponahawai Street
City: Hilo
State: HI
Zip Code: 96720

Purpose of Disbursement
State Senate
Candidate Name

Category/Type

Office Sought: House / Senate / President
Disbursement For: 2002 X Primary / General / Other (specify)
State: District:

Date of Disbursement: 04 / 26 / 2002

Amount of Each Disbursement this Period: 250.00

Transaction ID: SB29.4434

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 550.00

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

22037824518

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A. Full Name (Last, First, Middle Initial)
Friends of Jim Rath

Date of Disbursement: 06 / 19 / 2002

Mailing Address: PO Box 4407
City: Kailua-Kona State: HI Zip Code: 96745

Amount of Each Disbursement this Period: 100.00

Purpose of Disbursement: State House
Candidate Name:
Category/Type:

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB29.4446

B. Full Name (Last, First, Middle Initial)
Friends of Kika

Date of Disbursement: 05 / 01 / 2002

Mailing Address: PO Box 731
City: Kula State: HI Zip Code: 96790

Amount of Each Disbursement this Period: 50.00

Purpose of Disbursement: State House
Candidate Name:
Category/Type:

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB29.4438

C. Full Name (Last, First, Middle Initial)
Friends of Robert Bunda

Date of Disbursement: 05 / 01 / 2002

Mailing Address: 1745 Royal Palm Drive
City: Wahiawa State: HI Zip Code: 96786

Amount of Each Disbursement this Period: 200.00

Purpose of Disbursement: State Senate
Candidate Name:
Category/Type:

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

Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB29.4437

SUBTOTAL of Disbursements This Page (optional) 350.00

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

22037824519

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A. Full Name (Last, First, Middle Initial)
Friends of Russell Kokubun

Mailing Address
PO Box 357
City: Volcano State: HI Zip Code: 96785

Purpose of Disbursement
State Senate
Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)
State: District:

Date of Disbursement: 04 / 18 / 2002

Amount of Each Disbursement this Period: 150.00

Transaction ID: SB29.4432

B. Full Name (Last, First, Middle Initial)
J. Kalani English Election Committee

Mailing Address
PO Box 791146
City: Paia State: HI Zip Code: 96779

Purpose of Disbursement
State Senate
Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)
State: District:

Date of Disbursement: 04 / 15 / 2002

Amount of Each Disbursement this Period: 250.00

Transaction ID: SB29.4431

C. Full Name (Last, First, Middle Initial)
Linda Lingle Campaign Committee

Mailing Address
PO Box 25111
City: Honolulu State: HI Zip Code: 96814

Purpose of Disbursement
Governor
Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify)
State: District:

Date of Disbursement: 05 / 29 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB29.4445

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1400.00

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

22037824520

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employee Political Action Committee

A. Full Name (Last, First, Middle Initial)
Nestor Garcia for City Council

Date of Disbursement: 05 / 22 / 2002

Mailing Address
PO Box 970396
City: Waipahu
State: HI
Zip Code: 96797-0396

Amount of Each Disbursement this Period: 200.00

Purpose of Disbursement
City Council
Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify) ▼
State: District:

Transaction ID: SB29.4444

B. Full Name (Last, First, Middle Initial)
Ohana o Rod Tam

Date of Disbursement: 04 / 18 / 2002

Mailing Address
2751 C-2 Booth Road
City: Honolulu
State: HI
Zip Code: 96513

Amount of Each Disbursement this Period: 150.00

Purpose of Disbursement
State Senate
Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify) ▼
State: District:

Transaction ID: SB29.4433

C. Full Name (Last, First, Middle Initial)
Time for Barbara Marumoto

Date of Disbursement: 05 / 01 / 2002

Mailing Address
PO Box 2274
City: Honolulu
State: HI
Zip Code: 96804

Amount of Each Disbursement this Period: 150.00

Purpose of Disbursement
State House
Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2002 [X] Primary [ ] General [ ] Other (specify) ▼
State: District:

Transaction ID: SB29.4441

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 500.00

TOTAL This Period (last page this line number only) ..... ▶ 3200.00

22037824521

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 10-24-02
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 10-30-02

(6/2000)