

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Hawaii Democratic Party

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="14097.89"/>	<input type="text" value="14097.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4550.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15779.67"/>	<input type="text" value="92634.69"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20330.51"/>	<input type="text" value="106732.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10841.67"/>	<input type="text" value="107676.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9488.84"/>	<input type="text" value="-944.22"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="180.05"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="40694.34"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Hawaii Democratic Party

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

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).....	0.00	12845.00
(ii) Unitemized	235.00	2050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	235.00	14895.00
(b) Political Party Committees	2026.00	14182.00
(c) Other Political Committees (such as PACs).....	96.04	1994.58
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2357.04	31071.58
12. Transfers From Affiliated/Other Party Committees.....	5594.53	9455.61
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 37, page 5).....	5000.00	35000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.19	8457.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	2827.91	8650.11
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	2827.91	8650.11
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15779.67	92634.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12951.76	83984.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	822.79	7395.19
(ii) Non-Federal Share.....	2974.35	17536.80
(b) Other Federal Operating Expenditures	7044.53	82744.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10841.67	107676.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10841.67	107676.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7867.32	90140.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2357.04	31071.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2357.04	31071.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7867.32	90140.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5000.00	35000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2867.32	55140.00

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

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

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)
 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 Democratic Party

A. Democratic National Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 South Capitol Street, S.E.
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00010603
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 58637.61

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : C9996824
 Amount of Each Receipt this Period
 2026.00
 * In-Kind: On-line Voter File Access

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2026.00
TOTAL This Period (last page this line number only).....▶	2026.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11B

Transaction ID : C9996824

On-line Voterfile Access

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address P.O. BOX 382110		Transaction ID : C9997708
City CAMBRIDGE	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 24.01
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.58	

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address P.O. BOX 382110		Transaction ID : C9997711
City CAMBRIDGE	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 48.02
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.58	

Full Name (Last, First, Middle Initial) C. ACTBLUE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address P.O. BOX 382110		Transaction ID : C9997712
City CAMBRIDGE	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 24.01
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.58	

SUBTOTAL of Receipts This Page (optional).....▶	96.04
TOTAL This Period (last page this line number only).....▶	96.04

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

Full Name (Last, First, Middle Initial) A. Democratic National Committee		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 Transaction ID : C9997700
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Receipt this Period 5594.53
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00010603		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 58637.61	

Full Name (Last, First, Middle Initial) B. DNC Services Corp		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 Transaction ID : C9997700
Mailing Address 430 South Capitol Street SE		Amount of Each Receipt this Period 8210.85
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10982.95	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) C. Jean R Imamoto		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 Transaction ID : C9997702
Mailing Address 1624 Kanunu St. Apt 5C		Amount of Each Receipt this Period 142.50
City Honolulu	State HI	Zip Code 96714
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	[MEMO ITEM] *

SUBTOTAL of Receipts This Page (optional).....▶	5594.53
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

A. Jean R Imamoto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1624 Kanunu St.
 Apt 5C
 City Honolulu State HI Zip Code 96714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C9997706
 Amount of Each Receipt this Period
 142.50
[MEMO ITEM]
 *

B. Hester E Inouye
 Full Name (Last, First, Middle Initial)
 Mailing Address 199 Puiwa Rd
 City Honolulu State HI Zip Code 96817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suemori and Associates Occupation Certified Personal Consultant
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C9997705
 Amount of Each Receipt this Period
 285.00
[MEMO ITEM]
 *

C. Karl Kawahara
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Melani St
 City Hilo State HI Zip Code 96720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C9997703
 Amount of Each Receipt this Period
 332.50
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

Full Name (Last, First, Middle Initial)
A. Charlotte O Miyamoto

Mailing Address 2041 Kula St

City Honolulu State HI Zip Code 96817

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : **C9997704**

Amount of Each Receipt this Period
475.00

[MEMO ITEM]
*

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	5594.53

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

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

FOR LINE NUMBER: PAGE 12 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

A. Democratic National Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 South Capitol Street, S.E.
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00010603
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 58637.61

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : C9996823
 Amount of Each Receipt this Period
 5000.00

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

Full Name (Last, First, Middle Initial)

A. Ms. Sarah E Beamer

Mailing Address 320 Ilihu St.

City Kailua State HI Zip Code 96734

Purpose of Disbursement
Payroll funded by DNC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : D533651

Amount of Each Disbursement this Period

1706.33

Category/
Type

Full Name (Last, First, Middle Initial)

B. Ms. Sarah E Beamer

Mailing Address 320 Ilihu St.

City Kailua State HI Zip Code 96734

Purpose of Disbursement
Payroll funded by DNC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : D533668

Amount of Each Disbursement this Period

1706.33

Category/
Type

001

Full Name (Last, First, Middle Initial)

C. City and County of Honolulu

Mailing Address 530 S. King St. Rm 100

City Honolulu State HI Zip Code 96816

Purpose of Disbursement
Purchase Voterfile Update

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2014

Transaction ID : D533672

Amount of Each Disbursement this Period

250.00

Category/
Type

001

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

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

3662.66

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

Full Name (Last, First, Middle Initial)

A. County of Maui

Mailing Address 200 S.High St.
Kalani O Bldg 9th Floor

City Wailuku State HI Zip Code 96793

Purpose of Disbursement
Purchase Voterfile Update

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2014

Transaction ID : D533670

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 South Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
On-line Voter File Access

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : D533628

Amount of Each Disbursement this Period

2026.00

* In-Kind Received

Full Name (Last, First, Middle Initial)

C. Department of the Treasury - IRS

Mailing Address P.O. Box 105083

City Atlanta State GA Zip Code 30348-5083

Purpose of Disbursement
Federal Taxes

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2014

Transaction ID : D533665

Amount of Each Disbursement this Period

500.00

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

2576.00

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

Full Name (Last, First, Middle Initial)

A. Kaiser Foundation Health Plan

Mailing Address PO Box 29080

City Honolulu State HI Zip Code 96820-1480

Purpose of Disbursement
Staff Health Benefits Mthly Pmt

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : D533663

Amount of Each Disbursement this Period

547.20

Full Name (Last, First, Middle Initial)

B. Ward Plaza-Warehouse, LLC

Mailing Address 1240 Ala Moana Blvd
P.O. Box 31000

City Honolulu State HI Zip Code 96814-4260

Purpose of Disbursement
DPH Meeting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2014

Transaction ID : D533650

Amount of Each Disbursement this Period

104.71

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

651.91

6890.57

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Hawaii Democratic Party** Transaction ID : L828

LOAN SOURCE Full Name (Last, First, Middle Initial) Democratic National Committee	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 430 South Capitol Street, S.E.	
City Washington State DC ZIP Code 20003	

Original Amount of Loan 30000.00	Cumulative Payment To Date 14000.00	Balance Outstanding at Close of This Period 16000.00
-------------------------------------	--	---

TERMS

Date Incurred: MM / DD / YYYY (10 / 20 / 2011) Date Due: MM / DD / YYYY (04/15/2013) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	16000.00
TOTALS This Period (last page in this line only)..... ▶	16000.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 28
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hawaii County Democratic Party	Nature of Debt (Purpose): Insurance
Mailing Address 157 Kualua Pl	
City State Zip Code Hilo HI 96720-1325	

Outstanding Balance Beginning This Period <input type="text" value="180.05"/>	Transaction ID : C9701150	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="180.05"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="180.05"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="180.05"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="180.05"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Abercrombie For Governor	Nature of Debt (Purpose): Rent and Utilities
Mailing Address 1050 Ala Moana Blvd Ste 2150	
City State Zip Code Honolulu HI 96814-4931	

Outstanding Balance Beginning This Period <input type="text" value="14787.42"/>	Transaction ID : D511062	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14787.42"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Department of the Treasury - IRS	Nature of Debt (Purpose): Federal Taxes
Mailing Address P.O. Box 105083	
City State Zip Code Atlanta GA 30348-5083	

Outstanding Balance Beginning This Period <input type="text" value="10406.92"/>	Transaction ID : D527886	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9906.92"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="24694.34"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="24694.34"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="16000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="40694.34"/>

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

NAME OF COMMITTEE (In Full)
Hawaii Democratic Party

NAME OF ACCOUNT 01076957	DATE OF RECEIPT MM / DD / YYYY 07 / 09 / 2014	TOTAL AMOUNT TRANSFERRED 2827.91
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	2827.91
Transaction ID : T3136	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	2827.91
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	2827.91

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

Form A: Full Name (Last, First, Middle Initial) Transaction ID : D533661
A-American Self Storage - Honolulu
Mailing Address 720 South St
City Honolulu State HI Zip Code 96813-5188
Purpose of Disbursement: DPH Storage Fee
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Date 07/25/2014
FEDERAL SHARE 26.25 + NONFEDERAL SHARE 98.76 = TOTAL AMOUNT 125.01

Form B: Full Name (Last, First, Middle Initial) Transaction ID : D533662
De Lage Landen
Mailing Address PO Box 41602
City Philadelphia State PA Zip Code 19101
Purpose of Disbursement: Copier Lease
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Date 07/25/2014
FEDERAL SHARE 172.45 + NONFEDERAL SHARE 648.76 = TOTAL AMOUNT 821.21

Form C: Full Name (Last, First, Middle Initial) Transaction ID : D533675
First Hawaiian Bank
Mailing Address 999 Bishop St
City Honolulu State HI Zip Code 96813-4423
Purpose of Disbursement: Transfer Fee
Activity or Event Identifier:
Allocated Activity or Event:
Date 07/01/2014
FEDERAL SHARE 22.99 + NONFEDERAL SHARE 22.94 = TOTAL AMOUNT 45.93

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 221.69, 770.46, 992.15

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

A. Full Name (Last, First, Middle Initial) Transaction ID : D533674
First Hawaiian Bank
Mailing Address 999 Bishop St
City Honolulu State HI Zip Code 96813-4423
Purpose of Disbursement: Bank Fees
Activity or Event Identifier:
Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
Date 07 / 14 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
20.77 + 20.73 = 41.50

B. Full Name (Last, First, Middle Initial) Transaction ID : D533664
Hawaiian Telcom
Mailing Address PO Box 30770
City Honolulu State HI Zip Code 96820-0770
Purpose of Disbursement: Telephone Service
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
Date 07 / 23 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
42.90 + 161.39 = 204.29

C. Full Name (Last, First, Middle Initial) Transaction ID : D533673
Pomaikai Ballrooms
Mailing Address 735 Iwilei Rd.
City Honolulu State HI Zip Code 96817
Purpose of Disbursement: Post-Election Unity Meeting
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
Date 07 / 08 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
210.00 + 790.00 = 1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 273.67, 972.12, 1245.79

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: H4

Transaction ID : D533673

Post-Election Unity Meeting

Form/Schedule:

Transaction ID:

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

A. Full Name (Last, First, Middle Initial) Victoria Ward Limited		Transaction ID : D533660	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1240 Ala Moana Blvd, Suite 200 P.O. Box 31000			Allocated Activity or Event Year-To-Date 17499.65	
City Honolulu	State HI	Zip Code 96814	Date 07 / 25 / 2014	
Purpose of Disbursement: DPH Rent		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
142.93			537.70	
		=	TOTAL AMOUNT	
			680.63	

B. Full Name (Last, First, Middle Initial) Ms. Sarah E Beamer		Transaction ID : D533652	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 320 Ilihu St.			Allocated Activity or Event Year-To-Date 17499.65	
City Kailua	State HI	Zip Code 96734	Date 07 / 26 / 2014	
Purpose of Disbursement: Reimburse - Office Supplies		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
98.74			371.43	
		=	TOTAL AMOUNT	
			470.17	

C. Full Name (Last, First, Middle Initial) County of Maui		Transaction ID : D533654	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 200 S.High St. Kalani O Bldg 9th Floor			Allocated Activity or Event Year-To-Date 17499.65	
City Wailuku	State HI	Zip Code 96793	Date 07 / 26 / 2014	
Purpose of Disbursement: Purchase Voterfile Update				
Activity or Event Identifier: Administrative				
[MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	
10.50			39.50	
		=	TOTAL AMOUNT	
			50.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
241.67		909.13		1150.80

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

A. Full Name (Last, First, Middle Initial) Kailua Post Office		Transaction ID : D533655	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 335 Hahani St			Allocated Activity or Event Year-To-Date 17499.65	
City Kailua	State HI	Zip Code 96734	Date <input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Postage for Survey		<input type="text" value="001"/>		
Activity or Event Identifier: Administrative		Category/ Type		
[MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="14.82"/>			<input type="text" value="55.74"/>	<input type="text" value="70.56"/>

B. Full Name (Last, First, Middle Initial) MCBH Kaneohe Bay Post Office		Transaction ID : D533656	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6644 Mokapu Rd. Bldg 6644			Allocated Activity or Event Year-To-Date 17499.65	
City M C B H Kaneohe Bay	State HI	Zip Code 96863	Date <input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Postage for Survey		<input type="text" value="001"/>		
Activity or Event Identifier: Administrative		Category/ Type		
[MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="10.42"/>			<input type="text" value="39.19"/>	<input type="text" value="49.61"/>

C. Full Name (Last, First, Middle Initial) Survey Monkey.com LLC		Transaction ID : D533653	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 15765 Collections Center Dive			Allocated Activity or Event Year-To-Date 17499.65	
City Chicago	State IL	Zip Code 60693	Date <input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Identify Affirmative Action Criteria for DPH		<input type="text" value="001"/>		
Activity or Event Identifier: Administrative		Category/ Type		
[MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="63.00"/>			<input type="text" value="237.00"/>	<input type="text" value="300.00"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

Form A: Stephanie Ohigashi, Transaction ID: D533657. Allocated Activity or Event: Administrative. Date: 07/25/2014. Amounts: FEDERAL SHARE 42.21, NONFEDERAL SHARE 158.79, TOTAL AMOUNT 201.00.

Form B: Hawaiian Airlines, Transaction ID: D533658. Allocated Activity or Event: Administrative. Date: 07/25/2014. Amounts: FEDERAL SHARE 42.21, NONFEDERAL SHARE 158.79, TOTAL AMOUNT 201.00.

Form C: Stephanie Ohigashi, Transaction ID: D533666. Allocated Activity or Event: Administrative. Date: 07/12/2014. Amounts: FEDERAL SHARE 43.55, NONFEDERAL SHARE 163.85, TOTAL AMOUNT 207.40.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 85.76, 322.64, 408.40.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: H4

Transaction ID : D533658

Travel to neighbor island for DPH Mtg

Form/Schedule:

Transaction ID:

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Hawaii Democratic Party

A. Full Name (Last, First, Middle Initial) Hawaiian Airlines		Transaction ID : D533667	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3375 Koapaka St Ste G350			Allocated Activity or Event Year-To-Date 17499.65	
City Honolulu	State HI	Zip Code 96819-1804	Date <input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Neighbor Island Travel for DPH Mtg		<input type="text" value="002"/>		
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="43.55"/>			<input type="text" value="163.85"/>	<input type="text" value="207.40"/>

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Disbursement:		<input type="text"/>		
Activity or Event Identifier:		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Disbursement:		<input type="text"/>		
Activity or Event Identifier:		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>	<input type="text"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value="822.79"/>	<input type="text" value="2974.35"/>	<input type="text" value="3797.14"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: H4

Transaction ID : D533667

Neighbor Island Travel for DPH Mtg

Form/Schedule:

Transaction ID: