

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

Kiaaina for Congress

ADDRESS (number and street)

PO Box 700568

Check if different than previously reported. (ACC)

Kapolei

HI

96709

2. FEC IDENTIFICATION NUMBER ▼

C C00500470

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

HI

02

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Yuklin Aluli

Signature of Treasurer Yuklin Aluli

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Kiaaina for Congress

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)).... | 0.00 | 129739.74 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 750.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 0.00 | 128989.74 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 568.67 | 145621.41 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 259.57 | 523.56 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 309.10 | 145097.85 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1513.75 | |
| 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)..... | 22000.00 | |

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Kiaaina for Congress

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

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election) | COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election) through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/> (last day of reporting period) |
|--|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other than Political Committees | | |
| (i) Itemized (use Schedule A) | 75991.29 | 0.00 |
| (ii) Unitemized | | |
| | 29674.00 | 0.00 |
| (iii) Total of contributions from individuals | | |
| | 105465.29 | 0.00 |
| (b) Political Party Committees | | |
| | 0.00 | 0.00 |
| (c) Other Political Committees | | |
| | 1500.00 | 0.00 |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| (d) The Candidate | | |
| 0.00 | 22774.45 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 0.00 | 129739.74 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 18000.00 | 0.00 |
| (b) All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 18000.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.) | | |
| 259.57 | 523.56 | 259.57 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| 0.00 | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 259.57 | 148263.30 | 259.57 |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 14

Write or Type Committee Name

Kiaaina for Congress

Report Covering the Period: From: To:

II. DISBURSEMENTS

| | COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|--------------------------------------|--|--|
| 17. OPERATING EXPENDITURES | <input type="text" value="568.67"/> | <input type="text" value="145621.41"/> | <input type="text" value="367.74"/> |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 19. LOAN REPAYMENTS: | | | |
| (a) Of Loans Made or Guaranteed by the Candidate | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Of All Other Loans | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | | |
| (a) Individuals/Persons Other Than Political Committees | <input type="text" value="0.00"/> | <input type="text" value="750.00"/> | <input type="text" value="0.00"/> |
| (b) Political Party Committees | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 14

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|-------------------------------|---|---|
|-------------------------------|---|---|

(c) Other Political Committees (such as PACs)

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

| | | |
|------|--------|------|
| 0.00 | 750.00 | 0.00 |
|------|--------|------|

21. OTHER DISBURSEMENTS

| | | |
|------|--------|------|
| 0.00 | 500.00 | 0.00 |
|------|--------|------|

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

| | | |
|--------|-----------|--------|
| 568.67 | 146871.41 | 367.74 |
|--------|-----------|--------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

| | | |
|------|-----------|------|
| 0.00 | 128989.74 | 0.00 |
|------|-----------|------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

| | | |
|--------|-----------|--------|
| 309.10 | 145097.85 | 108.17 |
|--------|-----------|--------|

V. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1822.85 |
| 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... | 259.57 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2082.42 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 568.67 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 1513.75 |

**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 8 OF 14 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Kiaaina for Congress

| | | | |
|--|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) A. First Hawaiian Bank | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2012 |
| Mailing Address 3599 Waiialae Ave | | | Amount of Each Disbursement this Period 9.99 Transaction ID : D674898 |
| City Honolulu | State HI | Zip Code 96816-2759 | |
| Purpose of Disbursement Bank Fee | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) B. First Hawaiian Bank | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012 |
| Mailing Address 3599 Waiialae Ave | | | Amount of Each Disbursement this Period 9.99 Transaction ID : D674901 |
| City Honolulu | State HI | Zip Code 96816-2759 | |
| Purpose of Disbursement Bank Fee | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) C. First Hawaiian Bank | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012 |
| Mailing Address 3599 Waiialae Ave | | | Amount of Each Disbursement this Period 9.99 Transaction ID : D674905 |
| City Honolulu | State HI | Zip Code 96816-2759 | |
| Purpose of Disbursement Bank Fee | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 29.97 |
| TOTAL 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 9 OF 14 | | | |
| | <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)
Kiaaina for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NGP VAN | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012 |
| Mailing Address 1101 15th St NW Ste 500 | | Amount of Each Disbursement this Period 125.00 |
| City Washington | State DC | |
| Zip Code 20005-5006 | Purpose of Disbursement Database Service | Transaction ID : D674902 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Project Accounting Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012 |
| Mailing Address 603 Stewart St Ste 819 | | Amount of Each Disbursement this Period 357.75 |
| City Seattle | State WA | |
| Zip Code 98101-1229 | Purpose of Disbursement Accounting/Compliance | Transaction ID : D674899 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | 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 | |
| Candidate Name | Category/Type | |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 482.75 |
| TOTAL This Period (last page this line number only)..... | 512.72 |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : **L1000**

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

[PERSONAL FUNDS]

Election: 2012

Esther Kiaaina PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address

89-564 Farrington Highway

City

State

ZIP Code

Waianae

HI

96792

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M 01 / D 31 / Y 2012

Date Due

M M / D D / Y none

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)..... ▶

10000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : **L1035**

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

Esther Kiaaina PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

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

TERMS

Date Incurred: M 06 / D 05 / Y 2012
 Date Due: M / D / Y none
 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)..... | ▶ | 1000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : **L1037**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Esther Kiaaina PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) 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)..... ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Transaction ID : **L1038**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Esther Kiaaina PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

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

TERMS

Date Incurred: M 05 / D 01 / Y 2012
 Date Due: M / D / Y none
 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)..... | 5000.00 |
| TOTALS This Period (last page in this line only)..... | 18000.00 |

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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Kiaaina for Congress

| | | |
|---|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Esther Kiaaina | | Nature of Debt (Purpose): Ad Production |
| Mailing Address 89-564 Farrington Highway | | |
| City State Waianae HI | Zip Code 96792 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 4000.00 | | Transaction ID : D632971 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 4000.00 | |

| | | |
|--|----------|---------------------------|
| 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 | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | | |
|--|----------|---------------------------|
| 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 | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional) | 4000.00 |
| 2) TOTALS This Period (last page this line number only) | 4000.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 18000.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 22000.00 |