

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HAWAII REPUBLICAN PARTY

ADDRESS (number and street)

725 KAPIOLANI BLVD

STE 105

HONOLULU

HI

96813

Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085506

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  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y 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.

HONJO, GWEN, I, ,

Type or Print Name of Treasurer

Signature of Treasurer

HONJO, GWEN, I, ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		75254.62
(b) Cash on Hand at Beginning of Reporting Period.....	26194.24	
(c) Total Receipts (from Line 19) .....	8172.49	61265.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34366.73	136520.25
7. Total Disbursements (from Line 31).....	11763.93	113917.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22602.80	22602.80
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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. 05/2016)

Page 3

Write or Type Committee Name

**HAWAII REPUBLICAN PARTY**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2017

To:

M M	/	D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**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).....

7865.60

44334.64

(ii) Unitemized .....

306.43

6465.80

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

8172.03

50800.44

(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 33, page 5) .....

8172.03

50800.44

## 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 37, page 5).....

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.).....

0.46

6.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

10459.19

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

10459.19

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

8172.49

61265.63

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

8172.49

50806.44

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	1727.98	13202.58
(ii) Non-Federal Share.....	6500.47	48397.76
(b) Other Federal Operating Expenditures .....	3235.48	20883.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11463.93	82483.40
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 (52 U.S.C. § 30116(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 .....	300.00	6695.00
(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)).....	300.00	6695.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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	24739.05
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	24739.05
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11763.93	113917.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5263.46	65519.69

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	8172.03	50800.44
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	6695.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7872.03	44105.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4963.46	34085.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4963.46	34085.64

# **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 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ANDERSON, FRANCIS, M, ,**

Mailing Address 2435 AHA AINA PLACE

City  
HONOLULU

State  
HI

Zip Code  
96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2017

Transaction ID : SA11AI.7214

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BLACKBURN, MARK, A., ,**

Mailing Address 4106 BLACK POINT ROAD

City  
HONOLULU

State  
HI

Zip Code  
96826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RAPA CORP. LLC

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2017

Transaction ID : SA11AI.7241

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BLACKBURN, MARK, A., ,**

Mailing Address 4106 BLACK POINT ROAD

City  
HONOLULU

State  
HI

Zip Code  
96826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RAPA CORP. LLC

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.7212

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRADFORD, ROBERT, S., , JR.

Mailing Address PO BOX 645

City  
KILAUEA

State  
HI

Zip Code  
96754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2017

Transaction ID : SA11Al.7215

Amount of Each Receipt this Period

8.95

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, TREVOR, , ,

Mailing Address 3447 McCroriston Street

City  
Honolulu

State  
HI

Zip Code  
96815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Starn O'Toole Marcus & Fisher

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2017

Transaction ID : SA11Al.7221

Amount of Each Receipt this Period

920.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORREA, ANN, , ,

Mailing Address 1676 ALA MOANA BLVD. #206

City  
HONOLULU

State  
HI

Zip Code  
96815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2017

Transaction ID : SA11Al.7243

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1429.65

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRENZEL, ALLEN, , ,

Mailing Address 84-933 ALAHELE ST.

City  
MAKAHAState  
HIZip Code  
86792FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2017

Transaction ID : SA11AI.7239

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRIMMER, GARY, G, MR.,

Mailing Address 159 KAKAHIKA STREET

City  
KAILUAState  
HIZip Code  
96734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2017

Transaction ID : SA11AI.7240

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLCK, STEPHEN, C., ,

Mailing Address 1495 KIUKEE PLACE

City  
KAILUAState  
HIZip Code  
96734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2017

Transaction ID : SA11AI.7219

Amount of Each Receipt this Period

460.20

☐ Memo Item

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

1460.20

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



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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUGHES, WILLIAM, , MR.,**

Mailing Address 563 ULUHALA STREET

City  
KAILUA

State  
HI

Zip Code  
96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

King Foods

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2017

Transaction ID : SA11AI.7211

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OSTROV, SHIRLENE, , ,**

Mailing Address 95-1050 HALEMALU STREET

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ARES MOBILITY SOLUTIONS

Occupation (for Individual)

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2017

Transaction ID : SA11AI.7223

Amount of Each Receipt this Period

45.75

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OSTROV, SHIRLENE, , ,**

Mailing Address 95-1050 HALEMALU STREET

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ARES MOBILITY SOLUTIONS

Occupation (for Individual)

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

545.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 04 / 2017

Transaction ID : SA11AI.7236

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

645.75

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

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PAGE 10 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SAIKI, PATRICIA, , MS.,**

Mailing Address 784 ELEPAIO ST.

City  
HONOLULU

State  
HI

Zip Code  
96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2017

Transaction ID : SA11AI.7208

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMART, MARY, G, MS.,**

Mailing Address 94-210 KAKAILI PL.

City  
MILILANI

State  
HI

Zip Code  
96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLDWELL BANKER PACIFIC PROPERTIES

Occupation (for Individual)  
REALTOR ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2017

Transaction ID : SA11AI.7238

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TORREANO, MARK, , MR., SR.**

Mailing Address 343 HOBRON LANE  
L101

City  
HONOLULU

State  
HI

Zip Code  
96815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2017

Transaction ID : SA11AI.7234

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

1530.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WILLIAMSON, KAY, L, ,**

Mailing Address 492 KEKUPUA STREET

City  
HONOLULU

State  
HI

Zip Code  
96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2017

Transaction ID : SA11AI.7216

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WONG, PEPPER, F T, MS.,**

Mailing Address 98-1247 KAAHUMANU STREET  
SUITE 318

City  
AIEA

State  
HI

Zip Code  
96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dr Melvin C.W. Wong Neurologist

Occupation (for Individual)  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2017

Transaction ID : SA11AI.7210

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

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

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

800.00

7865.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. AXIA BANKCARD MERCHANT**Mailing Address 1311 KAPIOLANI BLVD  
SUITE 512City  
HONOLULUState  
HIZip Code  
96814Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.7188**

Amount of Each Disbursement this Period

41.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AXIA BANKCARD MERCHANT**Mailing Address 1311 KAPIOLANI BLVD  
SUITE 512City  
HONOLULUState  
HIZip Code  
96814Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.7189**

Amount of Each Disbursement this Period

66.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BANK OF HAWAII**

Mailing Address PO BOX 2900

City  
HONOLULUState  
HIZip Code  
96846Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.7190**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

133.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. BANK OF HAWAII**

Mailing Address PO BOX 2900

City  
HONOLULUState  
HIZip Code  
96846Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2017

FEC Identification Number

**C****Transaction ID : SB21B.7191**

Amount of Each Disbursement this Period

17.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HALEKULANI**

Mailing Address 2199 KALIA RD

City  
HONOLULUState  
HIZip Code  
96815Purpose of Disbursement  
FACILITY RENTAL / CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2017

FEC Identification Number

**C****Transaction ID : SB21B.7253**

Amount of Each Disbursement this Period

2019.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KOOLAU BALLROOMS**

Mailing Address 45-550 KIONAOLE RD

City  
KaneoheState  
HIZip Code  
96744Purpose of Disbursement  
FACILITY RENTAL CATERING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2017

FEC Identification Number

**C****Transaction ID : SB21B.7252**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3036.40

3169.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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 REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. CHAMPION, LEE, R, ,**Mailing Address 1777 ALA MOANA BLVD #905  
APT. 905City  
HONOLULUState  
HIZip Code  
96815Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB28A.7192**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

300.00

300.00

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 15 OF 18

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY****A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7194**☐ Memo Item**CENTRAL PACIFIC BANK**

Mailing Address PO BOX 135010

City  
HONOLULUState  
HIZip Code  
96801Purpose of Disbursement:  
RENT

Activity or Event Identifier:

**Administrative**Category/  
Type

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

54847.89

Date

MM / DD / YYYY  
07 / 03 / 2017MM / DD / YYYY  
03 / 03 / 2017MM / DD / YYYY  
03 / 03 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

309.96

1166.04

1476.00

**B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7201**☐ Memo Item**MAILCHIMP**Mailing Address 675 PONCE DE LEON AVE NE  
STE 5000City  
ATLANTAState  
GAZip Code  
30308Purpose of Disbursement:  
ONLINE SUBSCRIPTIONS

Activity or Event Identifier:

Administrative

Category/  
Type

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

54997.89

Date

MM / DD / YYYY  
07 / 05 / 2017MM / DD / YYYY  
05 / 05 / 2017MM / DD / YYYY  
05 / 05 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

31.50

118.50

150.00

**C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7202**☐ Memo Item**OFFICE DEPOT**

Mailing Address PO BOX 78004

City  
PHOENIXState  
AZZip Code  
85062Purpose of Disbursement:  
OFFICE SUPPLIES

Activity or Event Identifier:

Administrative

Category/  
Type

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

55097.89

Date

MM / DD / YYYY  
07 / 06 / 2017MM / DD / YYYY  
06 / 06 / 2017MM / DD / YYYY  
06 / 06 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

21.00

79.00

100.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

362.46

1363.54

1726.00

**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

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 16 OF 18

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY****A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7203**☐ Memo Item**RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST  
2ND FLOORCity  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement:  
POSTAGE

Activity or Event Identifier:

**Administrative**Category/  
Type

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

55117.49

Date

MM / DD / YYYY  
07 / 06 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

4.12

15.48

19.60

**B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7197**☐ Memo Item**HAWAIIAN TELECOM**

Mailing Address PO BOX 30770

City  
HONOLULUState  
HIZip Code  
96820Purpose of Disbursement:  
TELEPHONE SERVICES

Activity or Event Identifier:

Administrative

Category/  
Type

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

55397.55

Date

MM / DD / YYYY  
07 / 10 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

58.81

221.25

280.06

**C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7205**☐ Memo Item**RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST  
2ND FLOORCity  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement:  
COMPLIANCE CONSULTING

Activity or Event Identifier:

Administrative

Category/  
Type

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

56904.15

Date

MM / DD / YYYY  
07 / 10 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

316.39

1190.21

1506.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

379.32

1426.94

1806.26

**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**

PAGE 17 OF 18

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY****A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7195**☐ Memo Item**GERLICH, ED, , ,**

Mailing Address 3344 KEANU STREET

City  
HONOLULUState  
HIZip Code  
96816Purpose of Disbursement:  
CLEANING SERVICES

Activity or Event Identifier:

**Administrative**Category/  
Type

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

57139.15

Date

MM / DD / YYYY  
07 / 21 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

49.35

185.65

235.00

**B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7198**☐ Memo Item**IMPERIAL PLAZA**Mailing Address 711 KAPIOLANI BLVD  
STE700City  
HONOLULUState  
HIZip Code  
96813Purpose of Disbursement:  
UTILITIES & MAINTENANCE

Activity or Event Identifier:

Administrative

Category/  
Type

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

57459.10

Date

MM / DD / YYYY  
07 / 21 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

67.19

252.76

319.95

**C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7199**☐ Memo Item**IMPERIAL PLAZA**Mailing Address 711 KAPIOLANI BLVD  
STE700City  
HONOLULUState  
HIZip Code  
96813Purpose of Disbursement:  
UTILITIES & MAINTENANCE

Activity or Event Identifier:

Administrative

Category/  
Type

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

60049.97

Date

MM / DD / YYYY  
07 / 21 / 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

544.08

2046.79

2590.87

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

660.62

2485.20

3145.82

**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**

PAGE 18 OF 18

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY****A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7200**☐ Memo Item**LCA BANK CORPORATION**

Mailing Address PO BOX 1650

City  
TROYState  
MIZip Code  
48099Purpose of Disbursement:  
EQUIPMENT RENTAL

Activity or Event Identifier:

**Administrative**Category/  
Type

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

60880.47

Date

M M / D D / Y Y Y Y Y Y  
07 26 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

174.41

656.09

830.50

**B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7206**☐ Memo Item**SALZ LOCK & SAFE**Mailing Address 3012 WAIALAE AVE  
#100City  
HONOLULUState  
HIZip Code  
96816Purpose of Disbursement:  
UTILITIES & MAINTENANCE

Activity or Event Identifier:

Administrative

Category/  
Type

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

61296.70

Date

M M / D D / Y Y Y Y Y Y  
07 26 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

87.41

328.82

416.23

**C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7207**☐ Memo Item**SPECTRUM BUSINESS**

Mailing Address 200 AKAMAHINUI STREET

City  
MILILANIState  
HIZip Code  
96789Purpose of Disbursement:  
BROADBAND SERVICES

Activity or Event Identifier:

Administrative

Category/  
Type

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

61600.34

Date

M M / D D / Y Y Y Y Y Y  
07 26 2017

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

63.76

239.88

303.64

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

325.58

1224.79

1550.37

**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

1727.98

6500.47

8228.45