

# 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 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 04 / 01 / 2012 through M M / D D / Y Y Y Y 06 / 30 / 2012

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 07 / 13 / 2012

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

**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))....	21022.04	110889.39
(b) Total Contribution Refunds (from Line 20(d)) .....	2000.00	2250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19022.04	108639.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39902.60	121093.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39902.60	121093.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5246.17	
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).....	18000.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Kiaaina for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11614.86	67440.34
(ii) Unitemized.....	4785.00	20336.00
(iii) TOTAL of contributions from individuals ▶	16399.86	87576.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	1500.00
(d) The Candidate.....	4122.18	21813.05
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21022.04	110889.39
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	8000.00	18000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	8000.00	18000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	29022.04	128889.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39902.60	121093.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	2000.00	2250.00
(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 20(a), (b), and (c)).....	2000.00	2250.00
21. OTHER DISBURSEMENTS .....	0.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41902.60	123843.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18126.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29022.04
25. SUBTOTAL (add Line 23 and Line 24).....	47148.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41902.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5246.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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**

**A.** Full Name (Last, First, Middle Initial)  
**Jo-Ann M. Adams**

Mailing Address 411 Hobron Ln  
Apt 801

City Honolulu State HI Zip Code 96815-1210

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

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **715.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 15 / 2012**

**Transaction ID : C8861926**

Amount of Each Receipt this Period  
**450.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jo-Ann M. Adams**

Mailing Address 411 Hobron Ln  
Apt 801

City Honolulu State HI Zip Code 96815-1210

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

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **715.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 22 / 2012**

**Transaction ID : C8874160**

Amount of Each Receipt this Period  
**5.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rowena Akana**

Mailing Address 5572 Kalaniana'ole Hwy

City Honolulu State HI Zip Code 96821-2048

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

Name of Employer Office of Hawaiian Affairs Occupation Trustee-At large

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2209.77**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2012**

**Transaction ID : C8780101**

Amount of Each Receipt this Period  
**1784.48**

\* In-Kind: Banners

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

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

**2239.48**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rowena Akana**

Mailing Address 5572 Kalaniana'ole Hwy

City Honolulu State HI Zip Code 96821-2048

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

Name of Employer Office of Hawaiian Affairs Occupation Trustee-At large

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2209.77**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2012

**Transaction ID : C8947063**

Amount of Each Receipt this Period  
 325.29

\* In-Kind: T-Shirts

**B.** Full Name (Last, First, Middle Initial)  
**Joe M. Arnett**

Mailing Address 361 S Marine Corps Dr

City Tamuning State GU Zip Code 96913-3973

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

Name of Employer Deloitte Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2012

**Transaction ID : C8801534**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joe M. Arnett**

Mailing Address 361 S Marine Corps Dr

City Tamuning State GU Zip Code 96913-3973

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

Name of Employer Deloitte Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : C8913764**

Amount of Each Receipt this Period  
 250.00

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

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

**825.29**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ron Bongiovanni**

Mailing Address 5572 Kalaniana'ole Hwy

City Honolulu State HI Zip Code 96821-2048

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

Name of Employer: Celebrity Tuxedos Company Occupation: Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2109.77**

Date of Receipt: **04 / 24 / 2012**

**Transaction ID : C8780102**

Amount of Each Receipt this Period: **1784.48**

\* In-Kind: Banners

**B.** Full Name (Last, First, Middle Initial)  
**Ron Bongiovanni**

Mailing Address 5572 Kalaniana'ole Hwy

City Honolulu State HI Zip Code 96821-2048

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

Name of Employer: Celebrity Tuxedos Company Occupation: Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2109.77**

Date of Receipt: **05 / 03 / 2012**

**Transaction ID : C8947064**

Amount of Each Receipt this Period: **325.29**

\* In-Kind: T-Shirts

**C.** Full Name (Last, First, Middle Initial)  
**Lani Rae Garcia**

Mailing Address 1717 Mott-Smith Dr Apt 2210

City Honolulu State HI Zip Code 96822-2840

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

Name of Employer: Self Occupation: Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **375.00**

Date of Receipt: **05 / 11 / 2012**

**Transaction ID : C8767420**

Amount of Each Receipt this Period: **250.00**

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

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

**2359.77**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael J. Golojuch Jr.**

Mailing Address 92-954 Makakilo Dr  
Apt 71

City Kapolei State HI Zip Code 96707-1340

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

Name of Employer State of Hawaii Occupation Private Secretary

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **319.97**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2012**

**Transaction ID : C8722067**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Michael J. Golojuch Jr.**

Mailing Address 92-954 Makakilo Dr  
Apt 71

City Kapolei State HI Zip Code 96707-1340

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

Name of Employer State of Hawaii Occupation Private Secretary

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **319.97**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 11 / 2012**

**Transaction ID : C8947105**

Amount of Each Receipt this Period  
**119.97**

\* In-Kind: Stickers

**C.** Full Name (Last, First, Middle Initial)  
**Michael J. Golojuch Jr.**

Mailing Address 92-954 Makakilo Dr  
Apt 71

City Kapolei State HI Zip Code 96707-1340

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

Name of Employer State of Hawaii Occupation Private Secretary

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **319.97**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : C8915082**

Amount of Each Receipt this Period  
**25.00**

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

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

**194.97**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ron Jarrett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2012
Mailing Address PO Box 1126		<b>Transaction ID : C8767431</b>
City Kailua	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JTSI Inc	Occupation Business Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ron Jarrett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2012
Mailing Address PO Box 1126		<b>Transaction ID : C8867889</b>
City Kailua	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JTSI Inc	Occupation Business Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Leighton Kahele</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2012
Mailing Address PO Box 501443		<b>Transaction ID : C8780074</b>
City Saipan	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Continental	Occupation AMT	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Melvin Kiaaina**

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2005.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2012**

**Transaction ID : C8780077**

Amount of Each Receipt this Period  
**9.41**

\* In-Kind: Sign Supplies

**B.** Full Name (Last, First, Middle Initial)  
**Melvin Kiaaina**

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2005.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2012**

**Transaction ID : C8780076**

Amount of Each Receipt this Period  
**7.90**

\* In-Kind: Banner Hardware

**C.** Full Name (Last, First, Middle Initial)  
**Melvin Kiaaina**

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2005.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 06 / 2012**

**Transaction ID : C8780081**

Amount of Each Receipt this Period  
**57.61**

\* In-Kind: Sign Supplies

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

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

**74.92**

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

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

FOR LINE NUMBER: PAGE 11 OF 53  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Melvin Kiaaina**

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2005.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 07 / 2012**

**Transaction ID : C8780080**

Amount of Each Receipt this Period  
**38.95**

\* In-Kind: Sign Supplies

**B.** Full Name (Last, First, Middle Initial)  
**Melvin Kiaaina**

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2005.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : C8780078**

Amount of Each Receipt this Period  
**72.28**

\* In-Kind: Sign Supplies

**C.** Full Name (Last, First, Middle Initial)  
**Melody MacKenzie**

Mailing Address 579 Kaneapu PI

City Kailua State HI Zip Code 96734-3132

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

Name of Employer University of Hawaii Occupation Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : C8915689**

Amount of Each Receipt this Period  
**200.00**

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

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

**311.23**

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

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

FOR LINE NUMBER: PAGE 12 OF 53  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan Hiroshi Matsumoto**

Mailing Address 4125 Kahala Ave

City Honolulu State HI Zip Code 96816-4819

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

Name of Employer Innovations Development Group Occupation Administrator

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : C8944799**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Eileen F. McKee**

Mailing Address 279 Alaume St

City Kihei State HI Zip Code 96753-8506

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

Name of Employer Self Occupation Videographer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : C8910935**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Beverly J. R. Mehau**

Mailing Address PO Box 666

City Kamuela State HI Zip Code 96743-0666

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 07 / 2012

**Transaction ID : C8868085**

Amount of Each Receipt this Period  
 500.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nola Mento</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 91-1005 Koanimakani St		<b>Transaction ID : C8944807</b>
City Kapolei	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaiser	Occupation Nurse	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1164.10	

Full Name (Last, First, Middle Initial) <b>B. Richard Michaels</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2012
Mailing Address 4850 Makena Alanui Apt B108		<b>Transaction ID : C8759699</b>
City Kihei	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Not Employed	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy Moore</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012
Mailing Address 1287 Front St		<b>Transaction ID : C8698171</b>
City Lahaina	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hoaloha Na Eha, Ltd.	Occupation Financial Director	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>Mawae Morton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address 7473 Makaa St		<b>Transaction ID : C8735156</b>
City Honolulu	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Matariki Group	Occupation Consultant	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Inez Y. Okamura</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 17 / 2012
Mailing Address PO Box 1783		<b>Transaction ID : C8942826</b>
City Wailuku	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer None	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 244.60	

Full Name (Last, First, Middle Initial) <b>Inez Y. Okamura</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2012
Mailing Address PO Box 1783		<b>Transaction ID : C8947106</b>
City Wailuku	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 214.60
Name of Employer None	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 244.60	* In-Kind: Airfare Mileage

<b>SUBTOTAL</b> of Receipts This Page (optional).....	494.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Agustin Paculdar**

Mailing Address Unit 4150 Box 41

City State Zip Code  
Dpo AP 96554-0041

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

Name of Employer Occupation  
US State Department Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : C8733909**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Hokuao Pellegrino**

Mailing Address 1420 Kilohi St

City State Zip Code  
Wailuku HI 96793-9330

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

Name of Employer Occupation  
Kamehameha Schools Cultural Specialist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
214.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : C8947107**

Amount of Each Receipt this Period  
214.60

\* In-Kind: Airfare Mileage

**C.** Full Name (Last, First, Middle Initial)  
**Margaret M. Primacio**

Mailing Address PO Box 92

City State Zip Code  
Kahuku HI 96731-0092

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

Name of Employer Occupation  
Kahuku Plantation Residents Assoc Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : C8944810**

Amount of Each Receipt this Period  
500.00

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

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

964.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Claire Pruet**

Mailing Address 772 Sunset Ave

City Honolulu State HI Zip Code 96816-2330

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : C8910240**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Yaukey**

Mailing Address 2800 Quebec St NW  
Apt 955

City Washington State DC Zip Code 20008-1267

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

Name of Employer Self Occupation Media Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2050.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2012

**Transaction ID : C8878944**

Amount of Each Receipt this Period  
**1000.00**

**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)

Election Cycle-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).....

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

**1100.00**

**11614.86**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hawaiian Airlines Inc PAC**

Mailing Address 3375 Koapaka St  
Ste G350

City Honolulu State HI Zip Code 96819-1804

FEC ID number of contributing federal political committee. **C** C00456939

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : C8868086**

Amount of Each Receipt this Period  
 500.00

**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)

Election Cycle-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)

Election Cycle-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).....

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

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2012
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8780090</b>
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 52.83
Name of Employer None	Occupation Candidate	* In-Kind: Gas
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

Full Name (Last, First, Middle Initial) <b>Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2012
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8780089</b>
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Candidate	* In-Kind: Gas
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

Full Name (Last, First, Middle Initial) <b>Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2012
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8780085</b>
City Waianae	State HI	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 27.86
Name of Employer None	Occupation Candidate	* In-Kind: Volunteer Food
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2012	
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8780092</b>	
City Waianae	State HI	Zip Code 96792	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 65.73	
Name of Employer None	Occupation Candidate		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05		
		* In-Kind: Shipping Supplies	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2012	
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8780091</b>	
City Waianae	State HI	Zip Code 96792	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 117.29	
Name of Employer None	Occupation Candidate		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05		
		* In-Kind: Sign Supplies	

Full Name (Last, First, Middle Initial) <b>C. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2012	
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8780099</b>	
City Waianae	State HI	Zip Code 96792	
FEC ID number of contributing federal political committee. C H2HI00015		Amount of Each Receipt this Period 50.03	
Name of Employer None	Occupation Candidate		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05		
		* In-Kind: Volunteer Travel	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.05
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Esther Kiaaina**

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

FEC ID number of contributing federal political committee. **C H2HI00015**

Name of Employer None Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**39813.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2012**

**Transaction ID : C8780083**

Amount of Each Receipt this Period  
**51.00**

\* In-Kind: Travel - Baggage Fee

**B.** Full Name (Last, First, Middle Initial)  
**Esther Kiaaina**

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

FEC ID number of contributing federal political committee. **C H2HI00015**

Name of Employer None Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**39813.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : C8780088**

Amount of Each Receipt this Period  
**4.98**

\* In-Kind: Sign Supplies

**C.** Full Name (Last, First, Middle Initial)  
**Esther Kiaaina**

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

FEC ID number of contributing federal political committee. **C H2HI00015**

Name of Employer None Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**39813.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : C8947061**

Amount of Each Receipt this Period  
**557.70**

\* In-Kind: Bumper Stickers

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

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

**613.68**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2012
Mailing Address 89-564 Farrington Highway  City State Zip Code Waianae HI 96792		<b>Transaction ID : C8947097</b>
FEC ID number of contributing federal political committee. <b>C H2HI00015</b>		Amount of Each Receipt this Period _____ 120.96
Name of Employer None	Occupation Candidate	* In-Kind: Event Catering
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 39813.05	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2012
Mailing Address 89-564 Farrington Highway  City State Zip Code Waianae HI 96792		<b>Transaction ID : C8947098</b>
FEC ID number of contributing federal political committee. <b>C H2HI00015</b>		Amount of Each Receipt this Period _____ 109.40
Name of Employer None	Occupation Candidate	* In-Kind: Event Catering
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 39813.05	

Full Name (Last, First, Middle Initial) <b>C. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2012
Mailing Address 89-564 Farrington Highway  City State Zip Code Waianae HI 96792		<b>Transaction ID : C8947099</b>
FEC ID number of contributing federal political committee. <b>C H2HI00015</b>		Amount of Each Receipt this Period _____ 405.20
Name of Employer None	Occupation Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 39813.05	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 635.56
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2012
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8947101</b>
City State Zip Code Waianae HI 96792	Amount of Each Receipt this Period 232.60	
FEC ID number of contributing federal political committee. C H2HI00015	Name of Employer Occupation None Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2012
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8947103</b>
City State Zip Code Waianae HI 96792	Amount of Each Receipt this Period 176.60	
FEC ID number of contributing federal political committee. C H2HI00015	Name of Employer Occupation None Candidate	* In-Kind: Airfare
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

Full Name (Last, First, Middle Initial) <b>C. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012
Mailing Address 89-564 Farrington Highway		<b>Transaction ID : C8947104</b>
City State Zip Code Waianae HI 96792	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C H2HI00015	Name of Employer Occupation None Candidate	* In-Kind: NGP Database Service
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2509.20
<b>TOTAL</b> This Period (last page this line number only).....	4122.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 53
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012
Mailing Address 89-564 Farrington Highway City State Zip Code Waianae HI 96792		<b>Transaction ID : C8738800</b>
FEC ID number of contributing federal political committee. <b>C H2HI00015</b>		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Candidate	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2012
Mailing Address 89-564 Farrington Highway City State Zip Code Waianae HI 96792		<b>Transaction ID : C8945127</b>
FEC ID number of contributing federal political committee. <b>C H2HI00015</b>		Amount of Each Receipt this Period 2000.00
Name of Employer None	Occupation Candidate	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

Full Name (Last, First, Middle Initial) <b>C. Esther Kiaaina</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2012
Mailing Address 89-564 Farrington Highway City State Zip Code Waianae HI 96792		<b>Transaction ID : C8944944</b>
FEC ID number of contributing federal political committee. <b>C H2HI00015</b>		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Candidate	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 39813.05	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	8000.00

**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 24 OF 53	
	<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) <b>A. Rowena Akana</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 5572 Kalaniana'ole Hwy		Amount of Each Disbursement this Period 325.29
City Honolulu	State HI Zip Code 96821-2048	
Purpose of Disbursement T-Shirts	Category/Type	<b>Transaction ID : D626976</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rowena Akana</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 5572 Kalaniana'ole Hwy		Amount of Each Disbursement this Period 1784.48
City Honolulu	State HI Zip Code 96821-2048	
Purpose of Disbursement Banners	Category/Type	<b>Transaction ID : D616085</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Aloha Air Cargo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address PO Box 30910		Amount of Each Disbursement this Period 80.91
City Honolulu	State HI Zip Code 96820-0910	
Purpose of Disbursement Shipping	Category/Type	<b>Transaction ID : D626695</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2190.68
<b>TOTAL</b> 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 25 OF 53	
	<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) <b>A. Ron Bongiovanni</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 03 / 2012</b>
Mailing Address <b>5572 Kalaniana'ole Hwy</b>		Amount of Each Disbursement this Period <b>325.29</b>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96821-2048</b>	Purpose of Disbursement <b>T-Shirts</b>	<b>Transaction ID : D626980</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ron Bongiovanni</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2012</b>
Mailing Address <b>5572 Kalaniana'ole Hwy</b>		Amount of Each Disbursement this Period <b>1784.48</b>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96821-2048</b>	Purpose of Disbursement <b>Banners</b>	<b>Transaction ID : D616086</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Nitt Chuenprateep</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 05 / 2012</b>
Mailing Address <b>850 Quincy St NW Apt 510</b>		Amount of Each Disbursement this Period <b>400.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20011-5876</b>	Purpose of Disbursement <b>Website</b>	<b>Transaction ID : D626739</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2509.77</b>
<b>TOTAL</b> 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 26 OF 53	
	<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) <b>A. Nitt Chuenprateep</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2012</b>
Mailing Address <b>850 Quincy St NW Apt 510</b>		Amount of Each Disbursement this Period <b>400.00</b> <b>Transaction ID : D626740</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20011-5876</b>	Purpose of Disbursement <b>Website</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nitt Chuenprateep</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2012</b>
Mailing Address <b>850 Quincy St NW Apt 510</b>		Amount of Each Disbursement this Period <b>400.00</b> <b>Transaction ID : D626741</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20011-5876</b>	Purpose of Disbursement <b>Website</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Nitt Chuenprateep</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 10 / 2012</b>
Mailing Address <b>850 Quincy St NW Apt 510</b>		Amount of Each Disbursement this Period <b>600.00</b> <b>Transaction ID : D626742</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20011-5876</b>	Purpose of Disbursement <b>Website</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1400.00</b>
<b>TOTAL</b> 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 27 OF 53			
	<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**

**A. Dewey Square Group**

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW  
Ste 400 E

City Washington State DC Zip Code 20001

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 04 / 05 / 2012

Amount of Each Disbursement this Period: 2476.02

Transaction ID : D626697

Category/Type

**B. Esther Kiaaina**

Full Name (Last, First, Middle Initial)

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

Purpose of Disbursement Travel - Baggage Fee

Candidate Name Esther Kiaaina

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: HI District: 02

Date of Disbursement: 04 / 12 / 2012

Amount of Each Disbursement this Period: 51.00

Transaction ID : D616077

\* In-Kind Received

Category/Type

**c. Esther Kiaaina**

Full Name (Last, First, Middle Initial)

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

Purpose of Disbursement Volunteer Food

Candidate Name Esther Kiaaina

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: HI District: 02

Date of Disbursement: 04 / 10 / 2012

Amount of Each Disbursement this Period: 27.86

Transaction ID : D616078

\* In-Kind Received

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 2554.86

**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 28 OF 53		
	<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) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 4.98
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Sign Supplies	Transaction ID : D616079
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: HI	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 50.00
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Gas	Transaction ID : D616080
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: HI	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 52.83
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Gas	Transaction ID : D616081
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: HI	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	107.81
<b>TOTAL</b> 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 29 OF 53	
	<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) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 10 / 2012</b>
Mailing Address <b>89-564 Farrington Highway</b>		Amount of Each Disbursement this Period <b>65.73</b>
City <b>Waianae</b>	State <b>HI</b>	
Zip Code <b>96792</b>	Purpose of Disbursement <b>Shipping Supplies</b>	<b>Transaction ID : D616083</b>
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: <b>HI</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 11 / 2012</b>
Mailing Address <b>89-564 Farrington Highway</b>		Amount of Each Disbursement this Period <b>50.03</b>
City <b>Waianae</b>	State <b>HI</b>	
Zip Code <b>96792</b>	Purpose of Disbursement <b>Volunteer Travel</b>	<b>Transaction ID : D616084</b>
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: <b>HI</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>c. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 26 / 2012</b>
Mailing Address <b>89-564 Farrington Highway</b>		Amount of Each Disbursement this Period <b>120.96</b>
City <b>Waianae</b>	State <b>HI</b>	
Zip Code <b>96792</b>	Purpose of Disbursement <b>Event Catering</b>	<b>Transaction ID : D627004</b>
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: <b>HI</b> District: <b>02</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>236.72</b>
<b>TOTAL</b> 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 30 OF 53	
	<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) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 109.40
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Event Catering	Transaction ID : D627005
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: HI	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 405.20
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Airfare	Transaction ID : D627006
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: HI	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 232.60
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Airfare	Transaction ID : D627007
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: HI	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	747.20
<b>TOTAL</b> 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 31 OF 53	
	<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) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 176.60 <b>Transaction ID : D627008</b>
City Waianae State HI Zip Code 96792	Purpose of Disbursement Airfare	
Candidate Name <b>Esther Kiaaina</b>	Category/Type	* In-Kind Received
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : D627010</b>
City Waianae State HI Zip Code 96792	Purpose of Disbursement NGP Database Service	
Candidate Name <b>Esther Kiaaina</b>	Category/Type	* In-Kind Received
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 117.29 <b>Transaction ID : D626754</b>
City Waianae State HI Zip Code 96792	Purpose of Disbursement Sign Supplies	
Candidate Name <b>Esther Kiaaina</b>	Category/Type	* In-Kind Received
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2393.89
<b>TOTAL</b> 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 32 OF 53		
	<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) <b>A. Esther Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 89-564 Farrington Highway		Amount of Each Disbursement this Period 557.70
City Waianae	State HI	
Zip Code 96792	Purpose of Disbursement Bumper Stickers	Transaction ID : D626971
Candidate Name <b>Esther Kiaaina</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: HI	District: 02	

Full Name (Last, First, Middle Initial) <b>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 254.27
City Atlanta	State GA	
Zip Code 30342-4756	Purpose of Disbursement Credit Card Processing	Transaction ID : D626700
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 274.38
City Atlanta	State GA	
Zip Code 30342-4756	Purpose of Disbursement Credit Card Processing	Transaction ID : D626701
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1086.38
<b>TOTAL</b> 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 33 OF 53	
	<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. First Bank Merchant Services**

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-4756

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 04 / 2012

Amount of Each Disbursement this Period  
72.56

Transaction ID : D626702

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Hawaiian Airlines**

Mailing Address PO Box 30008

City Honolulu State HI Zip Code 96820-0008

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 09 / 2012

Amount of Each Disbursement this Period  
168.60

Transaction ID : D626707

Category/Type

Full Name (Last, First, Middle Initial)  
**C. Hawaiian Airlines**

Mailing Address PO Box 30008

City Honolulu State HI Zip Code 96820-0008

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 09 / 2012

Amount of Each Disbursement this Period  
168.60

Transaction ID : D626708

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 409.76

**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 34 OF 53		
	<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) <b>A. Hawaiian Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address PO Box 30008		Amount of Each Disbursement this Period 160.60 <b>Transaction ID : D626709</b>
City Honolulu	State HI Zip Code 96820-0008	
Purpose of Disbursement Airfare	Category/Type	
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hawaiian Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address PO Box 30008		Amount of Each Disbursement this Period 172.60 <b>Transaction ID : D626710</b>
City Honolulu	State HI Zip Code 96820-0008	
Purpose of Disbursement Airfare	Category/Type	
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hawaiian Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address PO Box 30008		Amount of Each Disbursement this Period 181.60 <b>Transaction ID : D626711</b>
City Honolulu	State HI Zip Code 96820-0008	
Purpose of Disbursement Airfare	Category/Type	
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	514.80
<b>TOTAL</b> 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 35 OF 53	
	<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) <b>A. Hawaiian Electric Co Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address PO Box 3978		Amount of Each Disbursement this Period 132.83 <b>Transaction ID : D626712</b>
City Honolulu	State HI Zip Code 96812-3978	
Purpose of Disbursement Utility	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hawaiian Electric Co Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address PO Box 3978		Amount of Each Disbursement this Period 106.90 <b>Transaction ID : D626713</b>
City Honolulu	State HI Zip Code 96812-3978	
Purpose of Disbursement Utility	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hawaiian Electric Co Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address PO Box 3978		Amount of Each Disbursement this Period 101.82 <b>Transaction ID : D626714</b>
City Honolulu	State HI Zip Code 96812-3978	
Purpose of Disbursement Utility	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	341.55
<b>TOTAL</b> 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 36 OF 53		
	<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) <b>A. Hawaiian Electric Co Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 3978		Amount of Each Disbursement this Period 71.29 <b>Transaction ID : D626715</b>
City Honolulu State HI Zip Code 96812-3978	Purpose of Disbursement Utility Candidate Name Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hawaiian Electric Co Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address PO Box 3978		Amount of Each Disbursement this Period 74.61 <b>Transaction ID : D626716</b>
City Honolulu State HI Zip Code 96812-3978	Purpose of Disbursement Utility Candidate Name Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hawaiian Telcom</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address PO Box 30770		Amount of Each Disbursement this Period 373.59 <b>Transaction ID : D626717</b>
City Honolulu State HI Zip Code 96820-0770	Purpose of Disbursement Telephone/Internet Candidate Name Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	519.49
<b>TOTAL</b> 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 37 OF 53			
	<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) <b>A. Hawaiian Telcom</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address PO Box 30770		Amount of Each Disbursement this Period 124.85 <b>Transaction ID : D626718</b>
City Honolulu	State HI Zip Code 96820-0770	
Purpose of Disbursement Telephone/Internet	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JG Solutions LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 91-1105 Makaaloa St Apt C		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : D626721</b>
City Ewa Beach	State HI Zip Code 96706-3988	
Purpose of Disbursement Strategy Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. JG Solutions LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 91-1105 Makaaloa St Apt C		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : D626722</b>
City Ewa Beach	State HI Zip Code 96706-3988	
Purpose of Disbursement Strategy Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4624.85
<b>TOTAL</b> 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 38 OF 53			
	<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) <b>A. JG Solutions LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012		
Mailing Address 91-1105 Makaaloa St Apt C			Amount of Each Disbursement this Period 1500.00		
City Ewa Beach	State HI	Zip Code 96706-3988	Transaction ID : D626723		
Purpose of Disbursement Strategy Consulting		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Kailua Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012		
Mailing Address PO Box 1496			Amount of Each Disbursement this Period 450.00		
City Kailua	State HI	Zip Code 96734-1496	Transaction ID : D626724		
Purpose of Disbursement Parade Fee		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Melvin Kiaaina</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012		
Mailing Address 89-578 Farrington Hwy			Amount of Each Disbursement this Period 7.90		
City Waianae	State HI	Zip Code 96792-4108	Transaction ID : D616071		
Purpose of Disbursement Banner Hardware		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1957.90
<b>TOTAL</b> 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 39 OF 53	
	<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) <b>A. Melvin Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 89-578 Farrington Hwy		Amount of Each Disbursement this Period 9.41
City Waianae	State HI	
Zip Code 96792-4108	Purpose of Disbursement Sign Supplies	Transaction ID : D616072
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melvin Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 89-578 Farrington Hwy		Amount of Each Disbursement this Period 72.28
City Waianae	State HI	
Zip Code 96792-4108	Purpose of Disbursement Sign Supplies	Transaction ID : D616073
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melvin Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address 89-578 Farrington Hwy		Amount of Each Disbursement this Period 38.95
City Waianae	State HI	
Zip Code 96792-4108	Purpose of Disbursement Sign Supplies	Transaction ID : D616074
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.64
<b>TOTAL</b> 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 40 OF 53	
	<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) <b>A. Melvin Kiaaina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 89-578 Farrington Hwy		Amount of Each Disbursement this Period 57.61 <b>Transaction ID : D616075</b>
City Waianae State HI Zip Code 96792-4108	Purpose of Disbursement Sign Supplies	
Candidate Name	Category/Type	* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Law Offices of Jo-Ann M. Adams LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address PO Box 75472		Amount of Each Disbursement this Period 2612.50 <b>Transaction ID : D626725</b>
City Honolulu State HI Zip Code 96836-0472	Purpose of Disbursement Campaign Manager	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Law Offices of Jo-Ann M. Adams LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address PO Box 75472		Amount of Each Disbursement this Period 2615.50 <b>Transaction ID : D626726</b>
City Honolulu State HI Zip Code 96836-0472	Purpose of Disbursement Campaign Manager	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5285.61
<b>TOTAL</b> 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 41 OF 53	
	<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. Law Offices of Jo-Ann M. Adams LLC**

Mailing Address PO Box 75472

City Honolulu State HI Zip Code 96836-0472

Purpose of Disbursement Campaign Manager

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2012

Amount of Each Disbursement this Period: 2612.50

Transaction ID : D626727

Full Name (Last, First, Middle Initial)  
**B. Limelight Media Relations**

Mailing Address PO Box 75865

City Kapolei State HI Zip Code 96707

Purpose of Disbursement Communications Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 10 / 2012

Amount of Each Disbursement this Period: 400.00

Transaction ID : D626728

Full Name (Last, First, Middle Initial)  
**c. Limelight Media Relations**

Mailing Address PO Box 75865

City Kapolei State HI Zip Code 96707

Purpose of Disbursement Communications Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2012

Amount of Each Disbursement this Period: 400.00

Transaction ID : D626729

**SUBTOTAL** of Disbursements This Page (optional) ..... 3412.50

**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 42 OF 53	
	<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) <b>A. Limelight Media Relations</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address PO Box 75865		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D626730</b>
City Kapolei	State HI	
Zip Code 96707	Purpose of Disbursement Communications Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Local Productions, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address PO Box 940		Amount of Each Disbursement this Period 213.54 <b>Transaction ID : D626749</b>
City Pahala	State HI	
Zip Code 96777-0940	Purpose of Disbursement Advertising Design	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Navigare Strategy Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 625 3rd St NE Suite 2		Amount of Each Disbursement this Period 1875.00 <b>Transaction ID : D626731</b>
City Washington	State DC	
Zip Code 20002-4942	Purpose of Disbursement Strategy Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2688.54
<b>TOTAL</b> 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 43 OF 53		
	<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) <b>A. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 190.00 <b>Transaction ID : D626732</b>
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database Service	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. North Shore News</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 66-437 Kamehameha Hwy Ste 210		Amount of Each Disbursement this Period 314.14 <b>Transaction ID : D626751</b>
City Haleiwa	State HI	
Zip Code 96712-1471	Purpose of Disbursement Advertising	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 16.73 <b>Transaction ID : D626943</b>
City Honolulu	State HI	
Zip Code 96814-5200	Purpose of Disbursement Office Supplies	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	520.87
<b>TOTAL</b> 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 44 OF 53			
	<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) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 101.11 <b>Transaction ID : D626944</b>
City Honolulu State HI Zip Code 96814-5200	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 119.86 <b>Transaction ID : D626946</b>
City Honolulu State HI Zip Code 96814-5200	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 4.19 <b>Transaction ID : D626743</b>
City Honolulu State HI Zip Code 96814-5200	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	225.16
<b>TOTAL</b> 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 45 OF 53		
	<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) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 20.89 <b>Transaction ID : D626744</b>
City Honolulu	State HI Zip Code 96814-5200	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 340 Kamakee St		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : D626745</b>
City Honolulu	State HI Zip Code 96814-5200	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Inez Y. Okamura</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address PO Box 1783		Amount of Each Disbursement this Period 214.60 <b>Transaction ID : D627016</b>
City Wailuku	State HI Zip Code 96793-6783	
Purpose of Disbursement Airfare Mileage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	280.49
<b>TOTAL</b> 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 46 OF 53	
	<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) <b>A. Hokuao Pellegrino</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 1420 Kilohi St		Amount of Each Disbursement this Period 214.60 <b>Transaction ID : D627019</b>
City Wailuku State HI Zip Code 96793-9330	Purpose of Disbursement Airfare Mileage	
Candidate Name	Category/Type	* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Project Accounting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 603 Stewart St Ste 819		Amount of Each Disbursement this Period 1140.00 <b>Transaction ID : D626738</b>
City Seattle State WA Zip Code 98101-1229	Purpose of Disbursement Accounting/Compliance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheraton Waikiki Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 2255 Kalakaua Ave		Amount of Each Disbursement this Period 472.73 <b>Transaction ID : D626747</b>
City Honolulu State HI Zip Code 96815-2515	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1827.33
<b>TOTAL</b> 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 47 OF 53			
	<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) <b>A. Sheraton Waikiki Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 2255 Kalakaua Ave		Amount of Each Disbursement this Period 436.37 <b>Transaction ID : D626748</b>
City Honolulu	State HI Zip Code 96815-2515	
Purpose of Disbursement Lodging	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Smythe Fujiwara Design</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 1774 Lower Main St Apt 11		Amount of Each Disbursement this Period 260.40 <b>Transaction ID : D626752</b>
City Wailuku	State HI Zip Code 96793-1840	
Purpose of Disbursement Literature Design	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ward Plaza-Warehouse LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address PO Box 31000		Amount of Each Disbursement this Period 773.56 <b>Transaction ID : D626733</b>
City Honolulu	State HI Zip Code 96849	
Purpose of Disbursement Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1470.33
<b>TOTAL</b> 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 48 OF 53		
	<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) <b>A. Ward Plaza-Warehouse LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2012</b>
Mailing Address <b>PO Box 31000</b>		Amount of Each Disbursement this Period <b>523.56</b> <b>Transaction ID : D626734</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96849</b>	Purpose of Disbursement <b>Rent</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ward Plaza-Warehouse LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2012</b>
Mailing Address <b>PO Box 31000</b>		Amount of Each Disbursement this Period <b>523.56</b> <b>Transaction ID : D626735</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96849</b>	Purpose of Disbursement <b>Rent</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ward Plaza-Warehouse LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2012</b>
Mailing Address <b>PO Box 31000</b>		Amount of Each Disbursement this Period <b>523.56</b> <b>Transaction ID : D626736</b>
City <b>Honolulu</b>	State <b>HI</b>	
Zip Code <b>96849</b>	Purpose of Disbursement <b>Rent</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1570.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>38997.80</b>



**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 49 OF 53	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kiaaina for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rosie Abriam</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 20 Maryland Ave Unit 301		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : D625784</b>
City Rockville	State MD	
Zip Code 20850-0359	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Rosa Elliot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 626 Coral St Apt 1912		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D626753</b>
City Honolulu	State HI	
Zip Code 96813-5908	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		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	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

**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)  
**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
10000.00	0.00	10000.00

**TERMS**

Date Incurred: M 01 / D 31 / 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> 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 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)..... ▶ 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: M 06 / D 04 / 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)..... ▶ 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 Date Due Interest Rate Secured:  
M 05 / D 01 / Y 2012 M M / D D / Y none 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)..... ▶ 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.