FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 JUL 19 PM 2:25

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT** ▼ — Example: If typing, type over the lines. 12FE4M5

Cam Cavasso for U.S. Senate

ADDRESS (number and street) ▼ 41-530 Waikupanaha Street

☐ Check if different than previously reported. (ACC)

Waimanalo | HI | 96795 -

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼ C C00405852

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

STATE ▼ DISTRICT HI

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 (MM/DD/YYYY) ____ in the State of ____

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

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

Election on (MM/DD/YYYY) ____ in the State of ____

5. Covering Period 04/01/2013 through 06/30/2013

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 Phil Uyehara

Signature of Treasurer *Phil Uyehara* Date 07/15/2013

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

13020350651

Office Use Only

FEC FORM 3 (Revised 02/2003)

FE5AN018

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 04 / 01 / 2013 To: 06 / 30 / 2013

	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))	1100.00	19540.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1100.00	19540.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5978.90	49231.15
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2165.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5978.90	47065.47
8. Cash on Hand at Close of Reporting Period (from Line 27)	452.34	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	144284.23	

For further information contact:

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

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

13020350652

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 04 / 01 / 2013 To: 06 / 30 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1000.00	14000.00
(ii) Unitemized	100.00	3177.00
(iii) TOTAL of contributions from individuals ▶	1100.00	17177.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	2363.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1100.00	19540.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	3750.00	83018.29
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	3750.00	83018.29
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2165.68
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	4850.00	104723.97

13020350653

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	5978.90	49231.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	3739.54	66154.43
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	3739.54	66154.43
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9718.44	115385.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	5320.78
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	4850.00
25. SUBTOTAL (add Line 23 and Line 24)	10170.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	9718.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	452.34

13020350654

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 65

[X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 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)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Danny Melton
Mailing Address 94-1033 Halepili St
City: Waipahu | State: HI | Zip Code: 96797

Date of Receipt: 05 / 01 / 2013
Transaction ID : SA11AI.7249

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 1000.00
Contribution to retire debt

Name of Employer: Joint POW/MIA Accounting Cmnd
Occupation: Policy Advisor, J5

Receipt For: 2010
[X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 1000.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code

Date of Receipt

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period

Name of Employer
Occupation

Receipt For:
[ ] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code

Date of Receipt

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period

Name of Employer
Occupation

Receipt For:
[ ] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only) 1000.00

13020350655

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 65

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 59733.95

Date of Receipt: 04 / 08 / 2013
Transaction ID : SA13A.7250
Amount of Each Receipt this Period: 750.00

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 60033.95

Date of Receipt: 04 / 25 / 2013
Transaction ID : SA13A.7251
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 60733.95

Date of Receipt: 05 / 16 / 2013
Transaction ID : SA13A.7252
Amount of Each Receipt this Period: 700.00

SUBTOTAL of Receipts This Page (optional) 1750.00

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

13020350656

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 62733.95

Date of Receipt: 06 / 12 / 2013
Transaction ID : SA13A.7253
Amount of Each Receipt this Period: 2000.00

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
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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only) 3750.00

13020350657

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)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
A-O.K. Business Services-Honolulu

Mailing Address 350 Ward Avenue
Suite 106

City: Honolulu | State: HI | Zip Code: 96814-4004

Purpose of Disbursement: Business Mail drop

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 16 / 2013

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.7283

B. Full Name (Last, First, Middle Initial)
ACH Direct, Inc

Mailing Address 500 West Bethany Drive
Suite 200

City: Allen | State: TX | Zip Code: 75013

Purpose of Disbursement: Service charges

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 10 / 2013

Amount of Each Disbursement this Period: 19.99

Transaction ID : SB17.7261

C. Full Name (Last, First, Middle Initial)
ACH Direct, Inc

Mailing Address 500 West Bethany Drive
Suite 200

City: Allen | State: TX | Zip Code: 75013

Purpose of Disbursement: Service charges

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 10 / 2013

Amount of Each Disbursement this Period: 19.99

Transaction ID : SB17.7262

SUBTOTAL of Disbursements This Page (optional) 139.98

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

13020350658

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)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
ACH Direct, Inc

Mailing Address 500 West Bethany Drive
Suite 200

City: Allen | State: TX | Zip Code: 75013

Purpose of Disbursement: Service charges

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 11 / 2013

Amount of Each Disbursement this Period: 19.99

Transaction ID : SB17.7263

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

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Service Charges

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 03 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.7257

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

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Service Charges

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 03 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.7258

SUBTOTAL of Disbursements This Page (optional) 35.89

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

13020350659

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)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Service charges

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 04 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.7260

B. Full Name (Last, First, Middle Initial)
Bank of America Amex

Mailing Address P.O. Box 982235

City: El Paso | State: TX | Zip Code: 79998-2235

Purpose of Disbursement: CC Finance Charges

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 19 / 2013

Amount of Each Disbursement this Period: 92.46

Transaction ID : SB17.7267

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

Mailing Address P.O. Box 910916

City: Pasadena | State: CA | Zip Code: 91110-0916

Purpose of Disbursement: Computer Equip-past due bal

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 04 / 26 / 2013

Amount of Each Disbursement this Period: 258.37

Transaction ID : SB17.7277

SUBTOTAL of Disbursements This Page (optional) 358.78

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

13020350660

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)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Global Payments

Mailing Address 10 Glenlake Parkway NE

City: Atlanta | State: GA | Zip Code: 30328

Purpose of Disbursement: Service Charges

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 02 / 2013

Amount of Each Disbursement this Period: 4.99

Transaction ID : SB17.7254

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

Mailing Address 10 Glenlake Parkway NE

City: Atlanta | State: GA | Zip Code: 30328

Purpose of Disbursement: Service Charges

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 02 / 2013

Amount of Each Disbursement this Period: 42.55

Transaction ID : SB17.7255

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

Mailing Address 10 Glenlake Parkway NE

City: Atlanta | State: GA | Zip Code: 30328

Purpose of Disbursement: Service Charges

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 04 / 2013

Amount of Each Disbursement this Period: 4.99

Transaction ID : SB17.7256

SUBTOTAL of Disbursements This Page (optional) 52.53

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

13020350661

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)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Jorge Gurrola

Mailing Address 1095 Lunaanela Street

City: Kailua | State: HI | Zip Code: 96734

Purpose of Disbursement: Web design services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 02 / 2013

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.7282

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

Mailing Address 41-530 Waikupanaha Street

City: Waimanalo | State: HI | Zip Code: 96795

Purpose of Disbursement: Campaign Advisor

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 26 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.7278

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

Mailing Address 512 Means Street
Suite 404

City: Atlanta | State: GA | Zip Code: 30318

Purpose of Disbursement: Email services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 19 / 2013

Amount of Each Disbursement this Period: 15.00

Transaction ID : SB17.7275

SUBTOTAL of Disbursements This Page (optional) 4515.00

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

13020350662

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)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Mailchimp

Mailing Address 512 Means Street
Suite 404

City: Atlanta | State: GA | Zip Code: 30318

Purpose of Disbursement: Email services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 05 / 02 / 2013

Amount of Each Disbursement this Period: 160.26

Transaction ID : SB17.7273

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

Mailing Address 512 Means Street
Suite 404

City: Atlanta | State: GA | Zip Code: 30318

Purpose of Disbursement: Email services

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 06 / 14 / 2013

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.7272

C. Full Name (Last, First, Middle Initial)
RSC Partners, Inc

Mailing Address P.O. Box 691826

City: Los Angeles | State: CA | Zip Code: 90069

Purpose of Disbursement: Professional Fees-past due balance

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 04 / 26 / 2013

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.7279

SUBTOTAL of Disbursements This Page (optional) 460.26

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

13020350663

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)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Webconnex

Mailing Address 455 Capitol Mall
Suite 325

City: Sacramento | State: CA | Zip Code: 95814

Purpose of Disbursement: Credit card processing fees

Category/ Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 30 / 2013

Amount of Each Disbursement this Period: 177.00

Transaction ID : SB17.7268

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 177.00

TOTAL This Period (last page this line number only) 5739.44

13020350664

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)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2013
Amount of Each Disbursement this Period: 525.00
Transaction ID : SB19A.7284

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2013
Amount of Each Disbursement this Period: 1539.00
Transaction ID : SB19A.7285

C.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2013
Amount of Each Disbursement this Period: 168.00
Transaction ID : SB19A.7286

SUBTOTAL of Disbursements This Page (optional) 2232.00

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

13020350665

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)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Mailing Address 41-530 Waikupanaha Street

City: Waimanalo | State: HI | Zip Code: 96795

Purpose of Disbursement: Payment on credit card balance

Candidate Name

Category/ Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 06 / 30 / 2013

Amount of Each Disbursement this Period: 1507.54

Transaction ID : SB19A.7287

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 1507.54

TOTAL This Period (last page this line number only) 3739.54

13020506609

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6859

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

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:
04 / 18 / 2011	12/31/2016	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
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.

13020350667

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6860

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2600.00	0.00	2600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04/29/2011	12/31/2016	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2600.00

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.

13020350668

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6977

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1989.95	0.00	1989.95

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
08 / 18 / 2011	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1989.95
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.

13020350669

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7003

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10/17/2011	12/31/2016	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶	1500.00
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.

13020350670

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7004

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 07 / 2011	/ / 12/31/2016	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1200.00

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.

13020250671

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7005

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
12/02/2011	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

13020350672

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7006

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Campbell Cavasso

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

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

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
12/12/2011	12/31/13	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	5000.00
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.

13026506735

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7007

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Campbell Cavasso

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12/28/2011	12/31/2016	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 300.00

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.

13020250674

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7042

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

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01/04/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	400.00
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.

13020350675

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7043

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01/20/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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.

13020350676

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7044

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
680.00	0.00	680.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 13 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 680.00

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.

13020350677

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7045

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

Mailing Address
P.O. Box 44

City | State | ZIP Code
Waimanalo | HI | 96795

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
650.00	0.00	650.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03/02/2012	12/31/16	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) ▶ 650.00

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.

13020350678

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7046

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

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3200.00	0.00	3200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 09 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	3200.00
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.

13020350679

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7047

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
836.00	0.00	836.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03/23/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 836.00

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.

13020350680

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7083

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 30 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	800.00
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.

13020350681

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7084

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1695.00	0.00	1695.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 31 / Y 2012	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1695.00
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.

13020350662

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7085

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

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2012	12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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.

13020350683

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7116

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07/31/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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.

13020350684

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7117

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3470.00	0.00	3470.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
08 / 31 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	3470.00
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.

13020350685

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7118

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09/30/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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.

13020350686

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7147

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
10 / 02 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
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.

13020350687

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7148

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

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10/18/2012	12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

SUBTOTALS This Period This Page (optional) ▶	100.00
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.

13020350688

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7149

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 09 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1500.00

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.

13020350668

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

Transaction ID : SC/10.7150

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16500.00	0.00	16500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12/03/2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	16500.00
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.

13020350690

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7197

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 03 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
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.

15020250691

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7198

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600.00	0.00	1600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01/22/2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 1600.00

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.

13020350692

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7199

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
02 / 11 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
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.

13020350693

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7200

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

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

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:
02/21/2013	12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
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.

13020350694

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7203

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

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
03 / 05 / 2013	12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
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.

13020350695

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7204

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

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1100.00	0.00	1100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03/27/2013	12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1100.00
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.

13020350696

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7250

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

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 08 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 750.00

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.

13020350697

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7251

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

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 25 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 300.00

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.

13020350698

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7252

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

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 16 / 2013	/ / 12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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.

15020350669

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7253

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

Election: 2010
☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. Box 44

City: Waimanalo | State: HI | ZIP Code: 96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06/12/2013	12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

13020507000

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6233

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan: 2100.00
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 2100.00

TERMS

Date Incurred: 06 / 09 / 2010
Date Due: M M / D D / None
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2100.00

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.

13020350761

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6248

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6190.04	5866.47	323.57

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06/30/2010	None	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 323.57

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.

13020350702

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6300

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1870.36	0.00	1870.36

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
08 / 29 / 2010	/ / None	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1870.36
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.

13020350705

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6758

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
338.93	0.00	338.93

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10/13/2010	None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	338.93
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.

13020350704

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6727

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
392.33	0.00	392.33

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
11 / 22 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	392.33
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.

13020350705

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)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6235

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4500.00	0.00	4500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04/02/2010	None	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	4500.00
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.

13020350706

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6237

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

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:
05 / 28 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	5000.00
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.

13020350707

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6249

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19082.79	17356.82	1725.97

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
06 / 30 / 2010	None	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶	1725.97
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.

13020350708

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6301

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2416.77	0.00	2416.77

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
08 / 29 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	2416.77
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.

13020350709

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6751

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.70	0.00	7.70

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09/30/2010	None	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶	7.70
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.

13020350710

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6759

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1596.11	0.00	1596.11

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 13 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1596.11

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.

13020350711

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6250

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3562.86	1980.37	1582.49

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06/30/2010	None	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶	1582.49
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.

13020350712

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6306

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-3240

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	887.70	112.30

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 06 / 2010	/ / None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 112.30

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.

13020350713

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7195

LOAN SOURCE Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo | State: HI | ZIP Code: 96795

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21595.75	4054.01	17541.74

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11/02/2012	None	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶	17541.74
TOTALS This Period (last page in this line only) ▶	99379.22

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

13020350714

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ccAdvertising

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

Nature of Debt (Purpose): Smart Get-Out-the-Vote survey

Transaction ID : SD10.4604

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
31652.90	0.00	0.00	31652.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ccAdvertising

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

Nature of Debt (Purpose): Saturday GOTV call

Transaction ID : SD10.4606

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2694.36	0.00	0.00	2694.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ccAdvertising

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

Nature of Debt (Purpose): GOTV Election Day Nov 2nd

Transaction ID : SD10.4607

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
10557.75	0.00	0.00	10557.75

1) **SUBTOTALS** This Period This Page (optional) ▶	44905.01
2) **TOTALS** This Period (last page this line number only) ▶	44905.01
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	99379.22
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	144284.23

13020350715

1 From
Date 7/15/2013 [redacted]
Sender's Name Phil Uyehara Phone 808 341-7391
Company
Address 2562 PETER St
City Honolulu State HI ZIP 96816
2 Your Internal Billing Reference
3 To
Recipient's Name SECRETARY OF THE SENATE Phone
Company OFFICE OF PUBLIC RECORDS
Address 232 HART SENATE OFC BLDG
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept/Floor/Suite/Room
HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.
Address
Use this line for the HOLD location address or for continuation of your shipping address.
HOLD Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
City WASHINGTON State DC ZIP 20510-7116

8030 2415 5497

4 Express Package Service
NOTE: Service order has changed. Please select carefully.
Packages up to 150 lb.

Next Business Day
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Priority Overnight — Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [x] FedEx Standard Overnight — Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days
- [ ] FedEx 2Day A.M. — Second business morning. Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Express Saver — Third business day. Saturday Delivery NOT available.

5 Packaging
- [x] FedEx Envelope
- [ ] FedEx Pak
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling and Delivery Signature Options
- [ ] SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- [ ] No Signature Required — Package may be left without obtaining a signature for delivery.
- [ ] Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.
- [ ] Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods? One box must be checked.
- [x] No
- [ ] Yes As per attached Shipper's Declaration.
- [ ] Yes Shipper's Declaration not required.
- [ ] Dry Ice Dry Ice, 9, UN 1845 ___ x ___ kg
- [ ] Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:
Enter FedEx Acct. No. or Credit Card No. below.
- [ ] Sender Acct. No. in Section 1 will be billed.
- [ ] Recipient
- [ ] Third Party
- [x] Credit Card
- [ ] Cash/Check

Obtain recip. Acct. No.
[redacted] [redacted]
Total Packages Total Weight lbs. Credit Card Auth.
Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.
644
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WASHINGTON DC 20510
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DC-US DCA

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	7-15-13	☒
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-19-13

13020350717