



**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

2 / 22

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period:

From:

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

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	13014.17
(b) Total Contribution Refunds (from Line 20(d)).....	7230.00	434295.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-7230.00	-421280.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	5191.69	320507.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	23787.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5191.69	296720.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	73101.09	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Abercrombie for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(i) Itemized (use Schedule A).....	0.00	504.00
(ii) Unitemized.....	0.00	1004.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	10.17
(b) Political Party Committees.....	0.00	12000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	13014.17
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	13014.17
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	23787.14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	100.00	4525.87
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	100.00	41327.18

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	5191.69	320507.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	230.00	427295.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	7000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	7230.00	434295.00
21. OTHER DISBURSEMENTS.....	154386.13	327339.51
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	166807.82	1082141.71

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	239808.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	100.00
25. SUBTOTAL (add Line 23 and Line 24).....	239908.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	166807.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	73101.09

# 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)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)  
Perkins Coie LLP

Mailing Address 1201 Third Ave, 40th Floor

City State Zip Code  
Seattle WA 98101-

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00828.E5648  
Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

820.00

LEGAL SERVICES

B.

Full Name (Last, First, Middle Initial)  
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd, #1005

City State Zip Code  
Honolulu HI 96814-

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00828.E5626  
Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

523.56

ACCOUNTING SERVICES

C.

Full Name (Last, First, Middle Initial)  
Storquest - Kakaako

Mailing Address 850 Kawaihahao Street, #4th Floor

City State Zip Code  
Honolulu HI 96813-

Purpose of Disbursement  
Storage Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00828.E5625  
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

136.13

STORAGE FEE

SUBTOTAL of Disbursements This Page (optional) ▶

1479.69

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)  
Storquest - Kakaako

Transaction ID: 00703.E5596  
Date of Disbursement

Mailing Address 850 Kawaiahao Street, #4th Floor

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

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

136.13
--------

Purpose of Disbursement  
Storage Fee

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

STORAGE FEE

State: District:

B.

Full Name (Last, First, Middle Initial)  
First Hawaiian Bank

Transaction ID: 01013.E5682  
Date of Disbursement

Mailing Address 1580 Kapiolani Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

24.04
-------

Purpose of Disbursement  
Bank Charges

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

BANK CHARGES

State: District:

C.

Full Name (Last, First, Middle Initial)  
Aristotle International, Inc.

Transaction ID: 00828.E5622  
Date of Disbursement

Mailing Address 205 Pennsylvania Ave, SE

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

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
Software Support

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SOFTWARE SUPPORT

State: District:

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

2560.17
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TOTAL This Period (last page this line number only) .....

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**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)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Endo & Company, LLC			Transaction ID: 00828.E5642	
	Mailing Address 1357 Kapiolani Blvd, #1005			Date of Disbursement 08 / 20 / 2010	
	City Honolulu	State HI	Zip Code 96814-	Amount of Each Disbursement this Period 1151.83	
	Purpose of Disbursement Accounting Services		Category/ Type		
	Candidate Name		ACCOUNTING SERVICES		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State: District:				

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

1151.83

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

5191.69

**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)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Comm.

Transaction ID: 01007.E5671  
Date of Disbursement

Mailing Address 430 South Capitol Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
UNLIMITED TRANSFER

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: Other

B.

Full Name (Last, First, Middle Initial)  
The Hawaii Law Enforcement Memorial Fdn

Transaction ID: 00828.E5631  
Date of Disbursement

Mailing Address 4348 Waiialae Ave, Suite 527

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CHARITABLE DONATION

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: Other

C.

Full Name (Last, First, Middle Initial)  
Democratic Party of Hawaii

Transaction ID: 00706.E5600  
Date of Disbursement

Mailing Address 1050 Ala Moana Blvd #D26

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

7500.00
---------

Purpose of Disbursement  
UNLIMITED TRANSFER

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: Other

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

18500.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# 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)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Democratic Party of Hawaii	Transaction ID: 00828.E5624 Date of Disbursement 08 / 02 / 2010
	Mailing Address 1050 Ala Moana Blvd #D26	Amount of Each Disbursement this Period 4000.00
	City Honolulu State HI Zip Code 96814-	
	Purpose of Disbursement UNLIMITED TRANSFER	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
B.	Full Name (Last, First, Middle Initial) Democratic Party of Hawaii	Transaction ID: 01007.E5677 Date of Disbursement 09 / 14 / 2010
	Mailing Address 1050 Ala Moana Blvd #D26	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96814-	
	Purpose of Disbursement UNLIMITED TRANSFER	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
C.	Full Name (Last, First, Middle Initial) Democratic Party of Hawaii	Transaction ID: 01007.E5672 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1050 Ala Moana Blvd #D26	Amount of Each Disbursement this Period 100000.00
	City Honolulu State HI Zip Code 96814-	
	Purpose of Disbursement UNLIMITED TRANSFER	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	105000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Garden Island Renegade Rollerz  Mailing Address P.O. Box 1055  City Kapaa State HI Zip Code 96746-  Purpose of Disbursement CIVIC DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 01007.E5653 Date of Disbursement 09 / 07 / 2010  Amount of Each Disbursement this Period 500.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Hana Cultural Center  Mailing Address P O Box 27  City Hana State HI Zip Code 96713-  Purpose of Disbursement CHARITABLE DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00828.E5635 Date of Disbursement 08 / 11 / 2010  Amount of Each Disbursement this Period 500.00  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Hawaii Peoples Fund  Mailing Address 949 Kapiolani Blvd Ste 100  City Honolulu State HI Zip Code 96814-  Purpose of Disbursement CHARITABLE DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 01007.E5670 Date of Disbursement 09 / 22 / 2010  Amount of Each Disbursement this Period 1000.00  Category/Type

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

2000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Hawaii Maoli Mailing Address P O Box 1135 City Honolulu State HI Zip Code 96807- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00828.E5614 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
<b>B.</b> Full Name (Last, First, Middle Initial) Pete Hoffman for County Council Mailing Address P O Box 383762 City Waikoloa State HI Zip Code 96738- Purpose of Disbursement NON FEDERAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 01007.E5664 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
<b>C.</b> Full Name (Last, First, Middle Initial) Japanese American Citizens League Mailing Address P. O Box 1291 City Honolulu State HI Zip Code 96807- Purpose of Disbursement CIVIC DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 01007.E5657 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

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

3750.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 22

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Kalihi Valley Homes Residents	Transaction ID: 01007.E5650 Date of Disbursement 08 / 31 / 2010
	Mailing Address Association 2141 Kalena Dr Apt. 1-H	Amount of Each Disbursement this Period 500.00
	City Honolulu State HI Zip Code 96819-	
	Purpose of Disbursement CHARITABLE DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) Kauai Filipino Womens Club	Transaction ID: 01007.E5651 Date of Disbursement 08 / 31 / 2010
	Mailing Address c/o Mrs. Carol Mapue 4418 Laulima St	Amount of Each Disbursement this Period 1000.00
	City Lihue State HI Zip Code 96766-	
	Purpose of Disbursement CHARITABLE DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) Kauai Visayan Club	Transaction ID: 01013.E5683 Date of Disbursement 09 / 17 / 2010
	Mailing Address P.O. Box 1820	Amount of Each Disbursement this Period 500.00
	City Kapaa State HI Zip Code 96746-	
	Purpose of Disbursement CIVIC DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kauai Womens Caucus  Mailing Address c/o Janice Bond 3920 Hunakai St  City Lihue State HI Zip Code 96766-  Purpose of Disbursement CHARITABLE DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00828.E5632 Date of Disbursement 08 / 06 / 2010  Amount of Each Disbursement this Period 250.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Koolauloa 4-H Livestock Club  Mailing Address c/o Tatjana Calimpong-Burke 91-721 Makule Rd  City Ewa Beach State HI Zip Code 96706-  Purpose of Disbursement CHARITABLE DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00828.E5623 Date of Disbursement 07 / 29 / 2010  Amount of Each Disbursement this Period 250.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Life Foundation  Mailing Address 677 Ala Moana Blvd, Ste 226  City Honolulu State HI Zip Code 96813-  Purpose of Disbursement CHARITABLE DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00828.E5636 Date of Disbursement 08 / 11 / 2010  Amount of Each Disbursement this Period 250.00  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Maui Economic Opportunity, Inc.

Mailing Address P O Box 2122

City Wailuku State HI Zip Code 96793-

Purpose of Disbursement  
CIVIC DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: 00828.E5617

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
Mao Organic Farms

Mailing Address 86-210 Puhawai Road

City Waianae State HI Zip Code 96792-

Purpose of Disbursement  
CIVIC CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: 00712.E5611

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
Maui Food Bank

Mailing Address 760 Kolu St

City Wailuku State HI Zip Code 96793-

Purpose of Disbursement  
CHARITABLE DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: 00712.E5613

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

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

2800.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)  
Maui Roller Girls

Transaction ID: 00828.E5641  
Date of Disbursement

Mailing Address PO Box 563

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

City Kahului State HI Zip Code 96733-

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CHARITABLE DONATION

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: Other

B.

Full Name (Last, First, Middle Initial)  
Nanakuli High and Intermediate School

Transaction ID: 00828.E5634  
Date of Disbursement

Mailing Address Performing Arts Center  
89-980 Nanakuli Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	0

City Waianae State HI Zip Code 96792-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CHARITABLE DONATION

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: Other

C.

Full Name (Last, First, Middle Initial)  
Nanakuli High and Intermediate School

Transaction ID: 00828.E5637  
Date of Disbursement

Mailing Address Performing Arts Center  
89-980 Nanakuli Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

City Waianae State HI Zip Code 96792-

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
CHARITABLE DONATION

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District: Other

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

4500.00
---------

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

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# 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)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect K. Angel Pilago

Mailing Address P O Box 4753

City Kailua Kona State HI Zip Code 96745-

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: 01007.E5663

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald McDonald House

Mailing Address 1970 Judd Hillside Road

City Honolulu State HI Zip Code 96822-

Purpose of Disbursement  
CHARITABLE DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: 01007.E5659

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Shoot For Cure

Mailing Address UFCW 480  
Attn: Rusti Gephart

City Honolulu State HI Zip Code 96826-

Purpose of Disbursement  
CHARITABLE DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: 00828.E5630

Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

1500.00

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

3000.00

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



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) UH Foundation/Na Koa Bowl	Transaction ID: 00828.E5640 Date of Disbursement 08 / 20 / 2010
	Mailing Address 2444 Dole St Bachman Hall 105	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96822-	
	Purpose of Disbursement CHARITABLE DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) Waipio Little League Champions	Transaction ID: 01007.E5658 Date of Disbursement 09 / 14 / 2010
	Mailing Address c/o First Hawaiian Bank 999 Bishop Street	Amount of Each Disbursement this Period 2000.00
	City Honolulu State HI Zip Code 96813-	
	Purpose of Disbursement CIVIC DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) West Hawaii Community Health Center	Transaction ID: 00828.E5618 Date of Disbursement 07 / 22 / 2010
	Mailing Address 75-5751 Kuakini Hwy Ste A101	Amount of Each Disbursement this Period 2000.00
	City Kailua Kona State HI Zip Code 96740-	
	Purpose of Disbursement CHARITABLE DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 22

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)  
Committee to Elect Dominic Yagong

Transaction ID: 01007.E5666

Date of Disbursement

Mailing Address P O Box 875

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	0

City Honokaa State HI Zip Code 96727-

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other

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

500.00
--------

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

153550.00
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**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)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)  
Mark H. Fukunaga

Transaction ID: 00828.E5643  
Date of Disbursement

Mailing Address 1935 Paula Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

2200.00
---------

Purpose of Disbursement  
Refund of Contribution  
Candidate Name

010
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District: Other Prior Electio

B.

Full Name (Last, First, Middle Initial)  
Mark H. Fukunaga

Transaction ID: 00828.E5649  
Date of Disbursement

Mailing Address 1935 Paula Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	0

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

-2200.00
----------

Purpose of Disbursement  
Refund of Contribution VOID LOST CHEC  
Candidate Name

010
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District: Other Prior Electio

C.

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

Transaction ID: 00828.E5628  
Date of Disbursement

Mailing Address 59-220 Alapio Road

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

City Haleiwa State HI Zip Code 96712-

Amount of Each Disbursement this Period

230.00
--------

Purpose of Disbursement  
Refund of Contribution  
Candidate Name

010
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District: Other Prior Electio

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

230.00
--------

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

230.00
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) General Dynamics Voluntary PCP	Transaction ID: 01007.E5654 Date of Disbursement
	Mailing Address 2941 Fairview Park Drive #100	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Falls Church State VA Zip Code 22042-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="010"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Marty Meehan for Congress Committee	Transaction ID: 01007.E5655 Date of Disbursement
	Mailing Address 75 Princeton Street	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City North Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution	<input type="text" value="1000.00"/>
	Candidate Name MARTIN T MEEHAN	<input type="text" value="010"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MA District: 05	

C.	Full Name (Last, First, Middle Initial) Moran for Congress	Transaction ID: 01007.E5656 Date of Disbursement
	Mailing Address 311 Washington Street, Ste 200-L	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="010"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7000.00"/>