

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines HAWAII MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1360 S. BERETANIA ST. #200 HONOLULU HI 96814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00001347 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2008 through 09 30 2008

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 Dr. JOHN SPANGLER

Signature of Treasurer Electronically Filed by Dr. JOHN SPANGLER Date 10 01 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		24617.66
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	33514.73									
(c) Total Receipts (from Line 19)	770.00	27360.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34284.73	51977.66								
7. Total Disbursements (from Line 31)	32907.39	50600.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1377.34	1377.34								
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)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	750.00	27000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	20.00	360.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	770.00	27360.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	770.00	27360.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	770.00	27360.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	770.00	27360.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	30380.00	39330.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	250.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	250.00	250.00
29. Other Disbursements.....	2277.39	11020.32
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32907.39	50600.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32907.39	50600.32

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	770.00	27360.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	520.00	27110.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DR. E HOWARD KLEMMER</p> <p>Mailing Address 1301 PUNCHBOWL ST. ER</p> <p>City State Zip Code HON HI 96813</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation QUEEN'S MEDICAL CENTER PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2008</p> <p>Transaction ID: SA11AI.5009</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. STUART LERNER</p> <p>Mailing Address 2040 NUUANU AVE #1401</p> <p>City State Zip Code HON HI 96817</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2008</p> <p>Transaction ID: SA11AI.5017</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. CARLOS OMPHROY</p> <p>Mailing Address 98-1079 MOANALUA RD. #680</p> <p>City State Zip Code AIEA HI 96701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF-EMPLOYED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2008</p> <p>Transaction ID: SA11AI.5010</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	750.00

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.5202 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 60.00
Purpose of Disbursement Transfer of funds to Nat'l PAC	Category/ Type
Candidate Name AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

B. Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.5203 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 8
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement TRANSFER OF FUNDS TO NAT'L PAC	Category/ Type
Candidate Name AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	
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:	

C. Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.5204 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement TRANSFER OF FUNDS TO NAT'L PAC	Category/ Type
Candidate Name AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	
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) ▶	130.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANNE STEVENS FOR HAWAII	Transaction ID: SB22.5107
	Mailing Address PO BOX 3470	Date of Disbursement 09 / 30 / 2008
	City HON State HI Zip Code 96801	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CINDY EVANS FOR STATE REPRESENTATIVE	Transaction ID: SB22.5031
	Mailing Address PO BOX 384255	Date of Disbursement 08 / 12 / 2008
	City WAIKOLOA State HI Zip Code 96738	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CINDY EVANS FOR STATE REPRESENTATIVE	Transaction ID: SB22.5192
	Mailing Address PO BOX 384255	Date of Disbursement 09 / 30 / 2008
	City WAIKOLOA State HI Zip Code 96738	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ELECT CORINNE CHING <hr/> Mailing Address 2040 NUUANU AVE #1401 <hr/> City HON State HI Zip Code 96817 <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.5029 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) ELECT CORINNE CHING <hr/> Mailing Address 2040 NUUANU AVE #1401 <hr/> City HON State HI Zip Code 96817 <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.5181 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) ELECT CORINNE CHING <hr/> Mailing Address 2040 NUUANU AVE #1401 <hr/> City HON State HI Zip Code 96817 <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.5195 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) elecTed Campaign Committee	Transaction ID: SB22.5162 Date of Disbursement
	Mailing Address P.O. BOX 4725	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City HILO State HI Zip Code 96720	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="3500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELECT KAWANANAKOA	Transaction ID: SB22.5183 Date of Disbursement
	Mailing Address PO BOX 1320	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City KAILUA State HI Zip Code 96734	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR BRICKWOOD	Transaction ID: SB22.5186 Date of Disbursement
	Mailing Address PO BOX 2816	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City HON State HI Zip Code 96803	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR CAROL PHILIPS	Transaction ID: SB22.5172
	Mailing Address PO BOX 8	Date of Disbursement 08 / 12 / 2008
	City HALEIWA State HI Zip Code 96712	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR DEREK A. GAPOL	Transaction ID: SB22.5191
	Mailing Address PO BOX 136	Date of Disbursement 09 / 30 / 2008
	City WAIANAE State HI Zip Code 96792	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR JERI JEFFRYES	Transaction ID: SB22.5194
	Mailing Address PO BOX 61791	Date of Disbursement 09 / 30 / 2008
	City HON State HI Zip Code 96839	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR SHARON HAR	Transaction ID: SB22.5182 Date of Disbursement
	Mailing Address PO BOX 101 590 FARRINGTON HWY #210	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City KAPOLEI State HI Zip Code 96707	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="250.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR SHARON HAR	Transaction ID: SB22.5189 Date of Disbursement
	Mailing Address PO BOX 101 590 FARRINGTON HWY #210	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City KAPOLEI State HI Zip Code 96707	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="250.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS JON RIKI KARAMATSU	Transaction ID: SB22.5164 Date of Disbursement
	Mailing Address 94-820 LUMIAU AU ST F204	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WAIPAHU State HI Zip Code 96797	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ANDY SMITH	Transaction ID: SB22.5176 Date of Disbursement
	Mailing Address PO BOX 5221	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City KAILUA-KONA State HI Zip Code 96745	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ANDY SMITH	Transaction ID: SB22.5197 Date of Disbursement
	Mailing Address PO BOX 5221	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City KAILUA-KONA State HI Zip Code 96745	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BOB HERKES	Transaction ID: SB22.5161 Date of Disbursement
	Mailing Address P.O. BOX 313	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City VOLCANO State HI Zip Code 96785	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CLARENCE NISHIHARA	Transaction ID: SB22.5170 Date of Disbursement 08 / 12 / 2008
	Mailing Address PO BOX 971293	Amount of Each Disbursement this Period 3000.00
	City WAIPAHU State HI Zip Code 96797	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF COLLEEN MEYER	Transaction ID: SB22.5168 Date of Disbursement 08 / 12 / 2008
	Mailing Address P.O. BOX 680	Amount of Each Disbursement this Period 1000.00
	City KANEOHE State HI Zip Code 96744	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF FRED BLAS	Transaction ID: SB22.5025 Date of Disbursement 08 / 12 / 2008
	Mailing Address 15-121 KUNA ST.	Amount of Each Disbursement this Period 250.00
	City PAHOA State HI Zip Code 96778	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF FRED BLAS	Transaction ID: SB22.5200 Date of Disbursement 09 / 30 / 2008
	Mailing Address 15-121 KUNA ST.	Amount of Each Disbursement this Period 1000.00
	City PAHOA State HI Zip Code 96778	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GENE WARD	Transaction ID: SB22.5179 Date of Disbursement 08 / 12 / 2008
	Mailing Address 875 PUUMAO ST	Amount of Each Disbursement this Period 500.00
	City HON State HI Zip Code 96825	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GENE WARD	Transaction ID: SB22.5193 Date of Disbursement 09 / 30 / 2008
	Mailing Address 875 PUUMAO ST	Amount of Each Disbursement this Period 500.00
	City HON State HI Zip Code 96825	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF JAN SHIELDS

Transaction ID: SB22.5175
Date of Disbursement

Mailing Address P.O. BOX 11720

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

City LAHAINA State HI Zip Code 96761

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Category/
Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF JERRY CHANG

Transaction ID: SB22.5210
Date of Disbursement

Mailing Address 1022 AWELE PLACE

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

City HILO State HI Zip Code 96720

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Category/
Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOE BERTRAM III

Transaction ID: SB22.5023
Date of Disbursement

Mailing Address PMB 131
PO BOX 959

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

City KIHEI State HI Zip Code 96753

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Category/
Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOE BERTRAM III

Mailing Address PMB 131
PO BOX 959

City KIHEI State HI Zip Code 96753

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.5187

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JOE SOUKI

Mailing Address PO BOX 632

City WAILUKU State HI Zip Code 96793

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.5177

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MIZUNO

Mailing Address 2552 KALIHI ST.

City HON State HI Zip Code 96819

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.5169

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

**SCHEDULE B (FEC Form 3X)
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOSH GREEN	Transaction ID: SB22.5160 Date of Disbursement 08 / 12 / 2008
	Mailing Address P.O. BOX 390028	Amount of Each Disbursement this Period 500.00
	City KEAUHOU State HI Zip Code 96739	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input checked="" 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: HI District:	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF KAREN AWANA	Transaction ID: SB22.5196 Date of Disbursement 09 / 30 / 2008
	Mailing Address 86-083 FARRINGTON HWY	Amount of Each Disbursement this Period 500.00
	City WAIANAE State HI Zip Code 96792	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF KEN ITO	Transaction ID: SB22.5163 Date of Disbursement 08 / 12 / 2008
	Mailing Address PO BOX 4354	Amount of Each Disbursement this Period 250.00
	City KANEOHE State HI Zip Code 96744	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF KYMBERLY PINE <hr/> Mailing Address PO BOX 2635 <hr/> City EWA BEACH State HI Zip Code 96706 Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.5173 Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2008	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF KYMBERLY PINE <hr/> Mailing Address PO BOX 2635 <hr/> City EWA BEACH State HI Zip Code 96706 Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.5198 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008	Amount of Each Disbursement this Period 800.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF RAHMAN <hr/> Mailing Address 1441 KAPIOLANI BLVD. #2003 <hr/> City HON State HI Zip Code 96814 Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.5184 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2008	Amount of Each Disbursement this Period 200.00

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF RIDA CABANILLA	Transaction ID: SB22.5190 Date of Disbursement 09 / 30 / 2008
	Mailing Address P.O. BOX 60490	Amount of Each Disbursement this Period 250.00
	City EWA BEACH State HI Zip Code 96706	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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: HI District:	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF RYAN YAMANE	Transaction ID: SB22.5185 Date of Disbursement 09 / 04 / 2008
	Mailing Address 94-1466 OKUPU ST	Amount of Each Disbursement this Period 250.00
	City WAIPAHU State HI Zip Code 96797	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF STEVEN OFFENBAKER	Transaction ID: SB22.5171 Date of Disbursement 08 / 12 / 2008
	Mailing Address PO BOX 241	Amount of Each Disbursement this Period 500.00
	City HONOKAA State HI Zip Code 96727	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF STEVEN OFFENBAKER	Transaction ID: SB22.5199 Date of Disbursement
	Mailing Address PO BOX 241	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City HONOKAA State HI Zip Code 96727	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GOOD FRIENDS OF KYLE YAMASHITA	Transaction ID: SB22.5180 Date of Disbursement
	Mailing Address PO BOX 880989	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City PUKALANI State HI Zip Code 96788	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MCKELVEY FOR HOUSE	Transaction ID: SB22.5166 Date of Disbursement
	Mailing Address 537 KAI HELE KU ST.	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City LAHAINA State HI Zip Code 96761	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TIME FOR BARBARA MARUMOTO

Transaction ID: SB22.5165

Date of Disbursement

Mailing Address PO BOX 2274

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

City HON State HI Zip Code 96804

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

30380.00

**SCHEDULE B (FEC Form 3X)
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. MYRON SHIRASU

Transaction ID: SB28A.5022
Date of Disbursement

Mailing Address 321 N. KUAKINI ST.
#200

/ /

City HON State HI Zip Code 96817

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FREITAS & SAITO CPAS	Transaction ID: SB29.5206 Date of Disbursement 09 / 11 / 2008	
	Mailing Address 1003 BISHOP ST. #610		
	City HON State HI Zip Code 96813	Amount of Each Disbursement this Period 659.69	
	Purpose of Disbursement PREPARATION OF 2007 TAX RTNS		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) HAWAII MEDICAL ASSOCIATION	Transaction ID: SB29.5205 Date of Disbursement 08 / 13 / 2008	
	Mailing Address 1360 S. BERETANIA ST. #200		
	City HON State HI Zip Code 96814	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement FEE FOR SERVICE FOR ADMIN SVC, POSTAGE,		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) INFOLINK	Transaction ID: SB29.5207 Date of Disbursement 09 / 23 / 2008	
	Mailing Address 662 KING ST. WEST SUITE 205		
	City TORONTO State ZZ Zip Code 00000	Amount of Each Disbursement this Period 117.70	
	Purpose of Disbursement BLAST FAXES		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2277.39

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

2277.39