REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 4 12 23 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Hawaii Medical Service Association Employees' Committee for Quality Health Care

ADDRESS (number and street) ☐ Check if different than previously reported
818 Keeaumoku Street

CITY, STATE and ZIP CODE
Honolulu, HI 96814

2. FEC IDENTIFICATION NUMBER
C00321992

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Jan. 1 through June 30, 1997		
6. (a) Cash on Hand January 1, 19____		$ 2,578.63
(b) Cash on Hand at Beginning of Reporting Period	$ 2,578.63	
(c) Total Receipts (from Line 19)	$ 9,958.95	$ 9,958.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,537.58	$ 12,537.58
7. Total Disbursements (from Line 30)	$ 8,840.00	$ 8,840.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,697.58	$ 3,697.58
9. Debts and Obligations Owed TO the Committee (Remize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Remize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Steve Van Lier Ribbink

Signature of Treasurer
Stacy K. Evensen for Steve Van Lier Ribbink

Date 7/28/97

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

FEC FORM 3X
(revised 6/93)

FE7AN047

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
Hawaii Medical Service Association Employees' Committee for Quality Health Care

REPORT COVERING PERIOD FROM Jan. 1 TO June 30, 1997

Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 6,700.00	6,700.00	11(a)(i)
ii. Unitemized	3,220.00	3,220.00	11(a)(ii)
iii. Total (add i and ii) ➤	9,920.00	9,920.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	9,920.00	9,920.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	38.95	38.95	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,958.95	9,958.95	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	9,958.95	9,958.95	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	5,840.00	5,840.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,840.00	8,840.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,840.00	8,840.00	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,920.00	9,920.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,920.00	9,920.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE7A9047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hawaii Medical Service Association Employees' Committee for Quality Health Care

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Au, John 6832 Niumalu Loop Honolulu, HI 96825 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date $	03/13/97	$ 300.00
B. Cheng, Mike 2499 Kapiolani Blvd., #2808 Honolulu, HI 96826 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Director Aggregate Year-to-Date $	03/13/97	300.00
C. Cisco, Cliff 7162 Makaa St. Honolulu, HI 96825 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date $	03/13/97	500.00
D. Miyasato, Gwen 3737 Kepa Street Honolulu, HI 96815 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date $	03/13/97	500.00
E. Wong, Mike Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date $	03/13/97	300.00
F. Ho, Bernard 45-522 Mokulele Drive Kaneohe, HI 96744 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Senior Vice President Aggregate Year-to-Date $	04/02/97	700.00
G. Jacobs, John 1005 G-I Kailua Rd. Kailua, HI 96734 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date $	04/02/97	300.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,900.00

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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hawaii Medical Service Association Employees' Committee for Quality Health Care

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Nickel, Robert 99-405 Waoala Place Aiea, HI 96701 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date: $	04/02/97	$ 500.00
B. Fortin, Fred 3029 Lowery Avenue, #1124 Honolulu, HI Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date: $	04/04/97	300.00
C. Hiam, Bob 2768 Kalawao St. Honolulu, HI 96822-1500 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: President and CEO Aggregate Year-to-Date: $	04/04/97	1,000.00
D. Battisto, Tom 1487 Ihiloa Loop Honolulu, HI 96821 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date: $	04/23/97	300.00
E. Gold, Mike 326 Kuukama St. Kailua, HI 96734 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date: $	04/23/97	500.00
F. Kiessling, Ralph 45-233 Kahanahou Circle Kaneohe, HI 96744 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Executive Vice President Aggregate Year-to-Date: $	05/02/97	700.00
G. Fujita, Georgiana 503 Anolani Street Honolulu, HI 96821 Receipt For: [ ] Primary [ ] General [X] Other (specify): contribution	HMSA Occupation: Vice President Aggregate Year-to-Date: $	05/06/97	500.00

SUBTOTAL of Receipts This Page (optional)	$ 3,800.00
TOTAL This Period (last page this line number only)	$ 6,700.00

FE6AN/98

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hawaii Medical Service Association Employees' Committee for Quality Health Care

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Cal Kawamoto	Cal Kawamoto, State Senate / X contribution	01/09/07	$ 100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Whitney T. Anderson 423 Aulima Loop Kailua, HI 96734	Whitney T. Anderson, State Senate / X contribution	02/05/97	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Malama Solomon	Malama Solomon, State Senate / X contribution	02/20/97	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Halford for House P.O. Box 1703 Kihei, HI 96753	Chris Halford, State House / X contribution	02/27/97	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of K. Mark Takai P.O. Box 2267 Pearl City, HI 96782	K. Mark Takai, State House / X contribution	03/05/97	50.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lei Ahu Isa 2606 Rooke Avenue Honolulu, HI 96817	Lei Ahu Isa, State House / X contribution	03/05/97	50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Romy Cachola P.O. Box 17675 Honolulu, HI 96817	Romy Cachola, State House / X contribution	03/07/97	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Marilyn Lee 95-170 Newe Pl. Mililani, HI 96789	Marilyn Lee, State House / X contribution	03/11/97	50.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ken Ito 45-372 Kanaka St. Kaneohe, HI 96744	Ken Ito, State House / X contribution	03/11/97	100.00

SUBTOTAL of Disbursements This Page (optional) ..... $ 750.00

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

F87NN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

Hawaii Medical Service Association Employees' Committee for Quality Health Care

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Paul Oshiro 91-784 Nakule Rd. Ewa Beach, HI 96706	Paul Oshiro, State House X Other (specify) contribution	03/12/97	$ 100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Alex Santiago 59-481 Aukauka Rd. Haleiwa, HI 96712	Alex Santiago, State House X Other (specify) contribution	03/12/97	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Brian Yamane 939 19th Avenue Honolulu, HI 96816	Brian Yamane, State House X Other (specify) contribution	03/18/97	50.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bertha Kawakami P.O. Box 52 Hanapepe, HI 96716	Bertha Kawakami, State House X Other (specify) contribution	03/19/97	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kenny Goodenow P.O. Box 721 Waimanalo, HI 96795	Kenny Goodenow, State House X Other (specify) contribution	03/25/97	50.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Nestor Garcia 94-593 Lumiaina St. Waipahu, HI 96797	Nestor Garcia, State House X Other (specify) contribution	03/27/97	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Matt Matsunaga 2207 Kuahea Pl. Honolulu, HI 96816	Matt Matsunaga, State Senate X Other (specify) contribution	03/27/97	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sam Aiona P.O. Box 90221 Honolulu, HI 96835	Sam Aiona, State House X Other (specify) contribution	04/02/97	50.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Herkes P.O. Box 313 Volcano, HI 96785	Bob Herkes, State House X Other (specify) contribution	04/02/97	100.00

SUBTOTAL of Disbursements This Page (optional) 900.00

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

FE7AN04T

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Hawaii Medical Service Association Employees' Committee for Quality Health Care

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends to Elect Michael P. Kahikina P.O. Box 2512 Waianae, HI 96792	Michael P. Kahikina, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/07/97	$ 50.00
B. Friends of Terry Nui Yoshinaga 2121 Bingham St. Honolulu, HI 96826	Terry Nui Yoshinaga, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/08/97	50.00
C. Friends of David Pendleton P.O. Box 203 Kailua, HI 96734	David Pendleton, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/08/97	100.00
D. Friends of Wayne Metcalf	Wayne Metcalf, State Senate Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/08/97	100.00
E. Friends of Mike White 70 S. Piki St. Lahaina, HI 96761	Mike White, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/08/97	100.00
F. Friends for Menor 95-1111 Kualapa Street Mililani, HI 96789	Ron Menor, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/18/97	1,000.00
G. Friends of Galen Fox 411 Hobron Ln., #3911 Honolulu, HI 96815	Galen Fox, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/21/97	100.00
H. Friends of Andy Levin 116 Kam Ave. Hilo, HI 96720	Andy Levin, State Senate Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/24/97	100.00
I. Friends of David Morihara 14 Kaupea St. Makawao, HI 96768	David Morihara, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/24/97	40.00

SUBTOTAL of Disbursements This Page (optional) ..... $ 1,640.00

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

FE6AN136

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

Hawaii Medical Service Association Employees' Committee for Quality Health Care

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Bobby Bunda	Bobby Bunda, State Senate Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/23/97	$ 100.00
B. Friends of Avery Chumbley	Avery Chumbley, State Senate Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/23/97	100.00
C. Friends of David Tarnas P.O. Box 2523 Kailua-Kona, HI 96745	David Tarnas, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/28/97	50.00
D. Friends of Paul Whalen 77-374 Sunset Drive Kailua-Kona, HI 96740	Paul Whalen, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/28/97	50.00
E. Friends of Lehua Fernandes Salling	Lehua Fernandes Salling State Senate Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/28/97	250.00
F. Friends of Roz Baker	Roz Baker, State Senate Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	04/30/97	500.00
G. Friends of Nobu Yonamine 783 Hooluu St. Pearl City, HI 96782	Nobu Yonamine, State House Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	05/01/97	50.00
H. Friends of Joe Tanaka 213 Niihau Street Kahului, HI 96732	Joe Tanaka, State Senate Disbursement for: [ ] Primary [ ] General [X] Other (specify) contribution	05/08/97	50.00
I. Mizuguchi for Senate Committee 98-1007 Kahapili St. Aiea, HI 96701	Norman Mizuguchi, State Senate Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	05/13/97	250.00

SUBTOTAL of Disbursements This Page (optional)	$1,400.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Hawaii Medical Service Association Employees' Committee for Quality Health Care

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Souki P.O. Box 632 Wailuku, HI 96793	Joe Souki, State House Disbursement for: ☐ Primary ☐ General ☒ Other (specify) contribution	05/29/97	$ 250.00
Friends of Barbara Marumoto 1438 Ihiloa Loop Honolulu, HI 96821	Barbara Marumoto, State House Disbursement for: ☐ Primary ☐ General ☒ Other (specify) contribution	06/04/97	100.00
Friends of Dennis Arakaki 3046 Uaawa Pl. Honolulu, HI 96819	Dennis Arakaki, State House Disbursement for: ☐ Primary ☐ General ☒ Other (specify) contribution	06/04/97	100.00
Carol for Senate 1571 Piikoi St., #402 Honolulu, HI 96822	Carol Fukunaga, State Senate Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/09/97	250.00
Friends of Mazie Hirono	Mazie Hirono, Lt. Governor Disbursement for: ☐ Primary ☐ General ☒ Other (specify) contribution	06/25/97	400.00
Hawaii Election Campaign Fund Leiopapa A Kamehameha Bldg. 235 S. Beretania St., Room 300 Honolulu, HI 96813	Late filing penalty Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/97	50.00
BluePac Blue Cross Blue Shield Association 1310 G Street, N.W. Washington, D.C. 20005	annual contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/09/97	3,000.00
	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $ 4,150.00

TOTAL This Period (last page this line number only) $ 8,840.00

FEBMH35

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7-29-97
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

8-4-97
DATE PREPARED

FEC FORM 70-2 (12/92)