FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
13 MAY 29 PM 3:14

Office Use Only

12FE4M5

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

Cam Cavasso for U.S. Senate

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

Check if different than previously reported. (ACC)

CITY ▲ Waimanalo STATE ▲ HI ZIP CODE ▲ 96795 -

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

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

STATE ▼ DISTRICT HI

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 01 2013 through 03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Phil Uyehara

Signature of Treasurer *Phil Uyehara* Date 05 24 2013

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

13020251843

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cam Cavasso for U.S. Senate

Report Covering the Period: From: 01 / 01 / 2013 To: 03 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	18440.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	18440.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3992.75	43252.25
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2165.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3992.75	41086.57
8. Cash on Hand at Close of Reporting Period (from Line 27)	5320.78	
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)	144273.77	

For further information contact:

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

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

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1302025184 5

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 01 / 01 / 2013 To: 03 / 31 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	13000.00
(ii) Unitemized	0.00	3077.00
(iii) TOTAL of contributions from individuals ▶	0.00	16077.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	2363.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	18440.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	7700.00	79268.29
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	7700.00	79268.29
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2165.68
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	7700.00	99873.97

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	3992.75	43252.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	4778.47	62414.89
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	4778.47	62414.89
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8771.22	105667.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	6392.00
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	7700.00
25. SUBTOTAL (add Line 23 and Line 24)	14092.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	8771.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	5320.78

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 53283.95

Date of Receipt: 01 / 03 / 2013
Transaction ID : SA13A.7197
Amount of Each Receipt this Period: 2000.00
Loan from Candidate

B.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 54883.95

Date of Receipt: 01 / 22 / 2013
Transaction ID : SA13A.7198
Amount of Each Receipt this Period: 1600.00
Loan from Candidate

C.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 55883.95

Date of Receipt: 02 / 11 / 2013
Transaction ID : SA13A.7199
Amount of Each Receipt this Period: 1000.00
Loan from Candidate

SUBTOTAL of Receipts This Page (optional) 4600.00

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

13020251850

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 56883.95
Date of Receipt: M M 02 / D D 21 / Y Y Y Y 2013
Transaction ID : SA13A.7200
Amount of Each Receipt this Period: 1000.00
Loan from Candidate

B.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 57883.95
Date of Receipt: M M 03 / D D 05 / Y Y Y Y 2013
Transaction ID : SA13A.7203
Amount of Each Receipt this Period: 1000.00
Loan from Candidate

C.
Full Name (Last, First, Middle Initial): Campbell Cavasso
Mailing Address: P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 58983.95
Date of Receipt: M M 03 / D D 27 / Y Y Y Y 2013
Transaction ID : SA13A.7204
Amount of Each Receipt this Period: 1100.00
Loan from Candidate

SUBTOTAL of Receipts This Page (optional) 3100.00

TOTAL This Period (last page this line number only) 7700.00

13020251851

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): ACH Direct, Inc
Mailing Address: 500 West Bethany Drive, Suite 200
City: Allen State: TX Zip Code: 75013
Purpose of Disbursement: Service charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: MM 01 / DD 10 / YYYY 2013
Amount of Each Disbursement this Period: 19.99
Transaction ID : SB17.7211

B. Full Name (Last, First, Middle Initial): ACH Direct, Inc
Mailing Address: 500 West Bethany Drive, Suite 200
City: Allen State: TX Zip Code: 75013
Purpose of Disbursement: Service charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: MM 02 / DD 11 / YYYY 2013
Amount of Each Disbursement this Period: 19.99
Transaction ID : SB17.7212

C. Full Name (Last, First, Middle Initial): ACH Direct, Inc
Mailing Address: 500 West Bethany Drive, Suite 200
City: Allen State: TX Zip Code: 75013
Purpose of Disbursement: Service Charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: MM 03 / DD 11 / YYYY 2013
Amount of Each Disbursement this Period: 19.99
Transaction ID : SB17.7213

SUBTOTAL of Disbursements This Page (optional) 59.97

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

13020251852

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): AMEX
Mailing Address
City State Zip Code
Purpose of Disbursement: Service charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 01/03/2013
Amount of Each Disbursement this Period: 7.95
Transaction ID : SB17.7208

B. Full Name (Last, First, Middle Initial): AMEX
Mailing Address
City State Zip Code
Purpose of Disbursement: Service charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02/04/2013
Amount of Each Disbursement this Period: 7.95
Transaction ID : SB17.7209

C. Full Name (Last, First, Middle Initial): AMEX
Mailing Address
City State Zip Code
Purpose of Disbursement: Late Payment charge
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02/19/2013
Amount of Each Disbursement this Period: 25.00
Transaction ID : SB17.7214

SUBTOTAL of Disbursements This Page (optional) 40.90

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

13020251853

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): AMEX
Mailing Address
City State Zip Code
Purpose of Disbursement: Service Charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 04 / 2013
Amount of Each Disbursement this Period: 7.95
Transaction ID : SB17.7210

B. Full Name (Last, First, Middle Initial): AMEX
Mailing Address
City State Zip Code
Purpose of Disbursement: Parking
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 29 / 2013
Amount of Each Disbursement this Period: 16.00
Transaction ID : SB17.7217

C. Full Name (Last, First, Middle Initial): AMEX
Mailing Address
City State Zip Code
Purpose of Disbursement: Annual fee
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 29 / 2013
Amount of Each Disbursement this Period: 150.00
Transaction ID : SB17.7222

SUBTOTAL of Disbursements This Page (optional) 173.95

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

13020251854

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): AMEX
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: Late payment fee
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 03 / DD 29 / YYYY 2013
Amount of Each Disbursement this Period: 25.00
Transaction ID : SB17.7228

B. Full Name (Last, First, Middle Initial): Bank of America Amex
Mailing Address: P.O. Box 982235
City: El Paso State: TX Zip Code: 79998-2235
Purpose of Disbursement: CC Interest charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 03 / DD 20 / YYYY 2013
Amount of Each Disbursement this Period: 103.53
Transaction ID : SB17.7218

C. Full Name (Last, First, Middle Initial): Dell Marketing
Mailing Address: P.O. Box 910916
City: Pasadena State: CA Zip Code: 91110-0916
Purpose of Disbursement: Office Equipment-Past due balance
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: MM 01 / DD 31 / YYYY 2013
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.7232

SUBTOTAL of Disbursements This Page (optional) 378.53

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

13020251855

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Dell Marketing
Mailing Address: P.O. Box 910916
City: Pasadena State: CA Zip Code: 91110-0916
Purpose of Disbursement: Office equipment-Past due balance
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
State: District:
Date of Disbursement: 02 / 18 / 2013
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.7233

B. Full Name (Last, First, Middle Initial): Dell Marketing
Mailing Address: P.O. Box 910916
City: Pasadena State: CA Zip Code: 91110-0916
Purpose of Disbursement: Office equipment-past due balance
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
State: District:
Date of Disbursement: 03 / 28 / 2013
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.7234

C. Full Name (Last, First, Middle Initial): Global Payments
Mailing Address: 10 Glenlake Parkway NE
City: Atlanta State: GA Zip Code: 30328
Purpose of Disbursement: Service charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
State: District:
Date of Disbursement: 01 / 03 / 2013
Amount of Each Disbursement this Period: 4.99
Transaction ID : SB17.7205

SUBTOTAL of Disbursements This Page (optional) 504.99

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

13020251856

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Global Payments
Mailing Address: 10 Glenlake Parkway NE
City: Atlanta State: GA Zip Code: 30328
Purpose of Disbursement: Services Charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 04 / Y Y Y Y 2013
Amount of Each Disbursement this Period: 4.99
Transaction ID : SB17.7206

B. Full Name (Last, First, Middle Initial): Global Payments
Mailing Address: 10 Glenlake Parkway NE
City: Atlanta State: GA Zip Code: 30328
Purpose of Disbursement: Service Charges
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 04 / Y Y Y Y 2013
Amount of Each Disbursement this Period: 4.99
Transaction ID : SB17.7207

C. Full Name (Last, First, Middle Initial): Intuit, Inc
Mailing Address: 2632 Marine Way
City: Mountain View State: CA Zip Code: 94043
Purpose of Disbursement: Online services
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 01 / D D 17 / Y Y Y Y 2013
Amount of Each Disbursement this Period: 25.34
Transaction ID : SB17.7223

SUBTOTAL of Disbursements This Page (optional) 35.32

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

13020251857

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Intuit, Inc
Mailing Address: 2632 Marine Way
City: Mountain View State: CA Zip Code: 94043
Purpose of Disbursement: Online services
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 21 / 2013
Amount of Each Disbursement this Period: 25.34
Transaction ID : SB17.7225

B. Full Name (Last, First, Middle Initial): Intuit, Inc
Mailing Address: 2632 Marine Way
City: Mountain View State: CA Zip Code: 94043
Purpose of Disbursement: Online services
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 29 / 2013
Amount of Each Disbursement this Period: 25.34
Transaction ID : SB17.7227

C. Full Name (Last, First, Middle Initial): Mailchimp
Mailing Address: 512 Means Street Suite 404
City: Atlanta State: GA Zip Code: 30318
Purpose of Disbursement: Email services
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 22 / 2013
Amount of Each Disbursement this Period: 15.00
Transaction ID : SB17.7224

SUBTOTAL of Disbursements This Page (optional) 65.68

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

13020251858

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial): RSC Partners, Inc
Mailing Address: P.O. Box 691826
City: Los Angeles State: CA Zip Code: 90069
Purpose of Disbursement: Professional Services-Past due balance
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 01 / 31 / 2013
Amount of Each Disbursement this Period: 1200.00
Transaction ID : SB17.7235

B.
Full Name (Last, First, Middle Initial): RSC Partners, Inc
Mailing Address: P.O. Box 691826
City: Los Angeles State: CA Zip Code: 90069
Purpose of Disbursement: Professional Services-Past Due balance
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 18 / 2013
Amount of Each Disbursement this Period: 600.00
Transaction ID : SB17.7236

C.
Full Name (Last, First, Middle Initial): RSC Partners, Inc
Mailing Address: P.O. Box 691826
City: Los Angeles State: CA Zip Code: 90069
Purpose of Disbursement: Professional Services-past due balance
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2013
Amount of Each Disbursement this Period: 600.00
Transaction ID : SB17.7237

SUBTOTAL of Disbursements This Page (optional) 2400.00

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

13020251859

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Webconnex
Mailing Address: 455 Capitol Mall, Suite 325
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: Subscription
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 14 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7219

B. Full Name (Last, First, Middle Initial): Webconnex
Mailing Address: 455 Capitol Mall, Suite 325
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: Subscripton
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 14 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7220

C. Full Name (Last, First, Middle Initial): Webconnex
Mailing Address: 455 Capitol Mall, Suite 325
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement: Subscription
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 14 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7221

SUBTOTAL of Disbursements This Page (optional) 177.00

TOTAL This Period (last page this line number only) 3836.34

13020251860

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso-2104
Mailing Address: 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Loan repayment
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2013
Amount of Each Disbursement this Period: 525.00
Transaction ID : SB19A.7238

B.
Full Name (Last, First, Middle Initial): Campbell Cavasso-2444
Mailing Address: 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2013
Amount of Each Disbursement this Period: 1539.00
Transaction ID : SB19A.7239

C.
Full Name (Last, First, Middle Initial): Campbell Cavasso-2911
Mailing Address: 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2013
Amount of Each Disbursement this Period: 168.00
Transaction ID : SB19A.7240

SUBTOTAL of Disbursements This Page (optional) 2232.00

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

13020251861

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

A.
Full Name (Last, First, Middle Initial): Campbell Cavasso-4528
Mailing Address: 41-530 Waikupanaha Street
City: Waimanalo State: HI Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: MM/DD/YYYY 03 31 2013
Amount of Each Disbursement this Period: 2546.47
Transaction ID : SB19A.7241

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: MM/DD/YYYY
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: MM/DD/YYYY
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 2546.47

TOTAL This Period (last page this line number only) 4778.47

13020251862

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6859

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 M / D 18 D / Y 2011 Y	M M / D D / Y 12/31/2016 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

13020251863

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6860

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2600.00

TOTALS This Period (last page in this line only) ▶

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

13020251864

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6977

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1989.95

TOTALS This Period (last page in this line only) ▶

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

13020251865

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7003

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1500.00

TOTALS This Period (last page in this line only) ▶

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

13020251866

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7004

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1200.00

TOTALS This Period (last page in this line only) ▶

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

13020251867

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7005

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

13020251868

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7006

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

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

13020251869

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7007

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 300.00

TOTALS This Period (last page in this line only) ▶

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

13020251870

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7042

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 400.00

TOTALS This Period (last page in this line only) ▶

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

13020251871

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7043

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

TOTALS This Period (last page in this line only) ▶

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

13020251872

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7044

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 680.00

TOTALS This Period (last page in this line only) ▶

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

13020251873

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7045

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 M / D 02 D / Y Y 2012 Y	M M / D D / Y Y 12/31/16 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 650.00

TOTALS This Period (last page in this line only) ▶

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

13020251874

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7046

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3200.00

TOTALS This Period (last page in this line only) ▶

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

13020251875

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7047

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

Mailing Address
P.O. Box 44

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

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 836.00

TOTALS This Period (last page in this line only) ▶

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

13020251876

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7083

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

TOTALS This Period (last page in this line only) ▶

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

13020251877

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7084

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1695.00

TOTALS This Period (last page in this line only) ▶

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

13020251878

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7085

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 / D D 30 / Y Y Y Y 2012	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

TOTALS This Period (last page in this line only) ▶

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

13020251879

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7116

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

TOTALS This Period (last page in this line only) ▶

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

13020251880

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7117

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3470.00

TOTALS This Period (last page in this line only) ▶

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

12020251881

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7118

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

TOTALS This Period (last page in this line only) ▶

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

13020251882

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

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

Transaction ID : SC/10.7147

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 02 D / Y 2012 Y	M M / D D / Y 12/31/16 Y	0.00 % (apr)	☐ Yes ☒ No

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

13020251883

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7148

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 18 D / Y 2012 Y	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 100.00

TOTALS This Period (last page in this line only) ▶

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

13020251884

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7149

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1500.00

TOTALS This Period (last page in this line only) ▶

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

13020251885

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7150

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 16500.00

TOTALS This Period (last page in this line only) ▶

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

13020251886

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7197

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2000.00

TOTALS This Period (last page in this line only) ▶

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

13020251887

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7198

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1600.00

TOTALS This Period (last page in this line only) ▶

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

13020251888

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7199

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

13020251889

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7200

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 21 / Y Y Y Y 2013	M M / D D / Y Y Y Y 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

13020251890

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7203

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

13020251891

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

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

Transaction ID : SC/10.7204

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

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

Mailing Address
P.O. Box 44

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1100.00

TOTALS This Period (last page in this line only) ▶

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

13020251892

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6233

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2100.00

TOTALS This Period (last page in this line only) ▶

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

13020251893

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6248

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

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6190.04	5341.47	848.57

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 848.57

TOTALS This Period (last page in this line only) ▶

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

13020251894

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6300

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

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1870.36

TOTALS This Period (last page in this line only) ▶

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

13020251895

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6758

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 338.93

TOTALS This Period (last page in this line only) ▶

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

13020251896

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6727

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

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 392.33

TOTALS This Period (last page in this line only) ▶

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

13020251897

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6235

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 M / D 02 D / Y Y Y Y 2010	M M / D D / Y Y Y Y None	0.00 % (apr)	[ ] Yes [x] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 4500.00

TOTALS This Period (last page in this line only) ▶

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

13020251898

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6237

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

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05/28/2010	None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

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

13020251899

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6249

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

Mailing Address
41-530 Waikupanaha Street

City: Waimanalo
State: HI
ZIP Code: 96795

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19082.79	15817.82	3264.97

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3264.97

TOTALS This Period (last page in this line only) ▶

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

13020251900

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6301

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2416.77

TOTALS This Period (last page in this line only) ▶

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

13020251901

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6751

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 7.70

TOTALS This Period (last page in this line only) ▶

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

13020251902

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6759

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1596.11

TOTALS This Period (last page in this line only) ▶

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

13020251903

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6250

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3562.86	1812.37	1750.49

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1750.49

TOTALS This Period (last page in this line only) ▶

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

13020251904

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6306

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

Mailing Address
41-530 Waikupanaha Street

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 112.30

TOTALS This Period (last page in this line only) ▶

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

13020251905

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7195

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

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

Mailing Address
41-530 Waikupanaha Street

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21595.75	2546.47	19049.28

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 19049.28

TOTALS This Period (last page in this line only) ▶ 99368.76

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

13020251906

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

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

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

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

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

Mailing Address 13800 Coppermine Road

City Herndon State VA Zip Code 20171

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

Transaction ID : SD10.4604

Outstanding Balance Beginning This Period: 31652.90

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 31652.90

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

Mailing Address 13800 Coppermine Road

City Herndon State VA Zip Code 20171

Nature of Debt (Purpose): Saturday GOTV call

Transaction ID : SD10.4606

Outstanding Balance Beginning This Period: 2694.36

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 2694.36

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

Mailing Address 13800 Coppermine Road

City Herndon State VA Zip Code 20171

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

Transaction ID : SD10.4607

Outstanding Balance Beginning This Period: 10557.75

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 10557.75

1) **SUBTOTALS** This Period This Page (optional) ▶	44905.01
2) **TOTALS** This Period (last page this line number only) ▶	44905.01
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	99368.76
4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶	144273.77

13020251907

FedEx Express **NEW** Package US Airbill

FedEx Tracking Number 8030 3830 8622

7/24/13

Phil Uychara Phone 808 341.7391

CAM CAVASSO U.S. SENATE

2562 PETER ST

Dept/Floor/S

HONOLULU State HI ZIP 96816

rmal Billing Reference

SECRETARY OF THE SENATE Phone

OFFICE OF PUBLIC RECORDS

232 HART SENATE OFC BLDG

iver to P.O. boxes or P.O. ZIP codes. Dept/Floor/Suite/Room

r the HOLD location address or for continuation of your shipping address.

ASHINGTON State DC ZIP 20510-7116

HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

HOLD Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

8030 3830 8622

Form ID No. 0200

Recipient's Cop

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lb.s For packages over 150 lbs., use the n. FedEx Express Freight US Airb

Next Business Day

- FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- Standard Overnight

2 or 3 Business Days

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

13-027463

TRACKING NUMBER

U.S. SENATE

FedEx Box — FedEx Tube — Othi

gnature Options

SATURDAY DELIVERY — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

- No Signature Required — Package may be left without obtaining a signature for delivery.
- Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.
- Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods? One box must be checked.

- No
- Yes — As per attached Shipper's Declaration.
- Yes — Shipper's Declaration not required.
- Dry Ice — Dry ice, 9, UN 1845 ____ x ____ kg
- Cargo Aircraft Only

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

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

- Sender — Acct. No. in Section 1 will be billed.
- Recipient
- Third Party
- Credit Card
- Cash/Chec

Obtain recip. Acct. No.

Total Packages ____ Total Weight ____ lbs. Credit Card Auth.

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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Screened by Senate Post Office MAY 28 2013

United States Senate Post Office

INSPECTION

156297-435 HIT 04/13

1 ORIGIN ID:DCA 908 DIMS: 0x0x0 IN BILL SENDER

THE SENATE
PUBLIC RECORDS
RT OFFICE BUILDIN

DC 20510 REF: DEPT:

FedEx Express E

J1311130212012G

TUE - 28 MAY 3:00P
STANDARD OVERNIGHT

8622 NA

20510 DCA DC-US

RT 707 9 FZ

United States Senate Post Office

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

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

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	5-28-13	☒
UPS		☐
DHL		☐
AIRBORNE EXPRESS		☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 5-30-13

13020251909

1302025191 0