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

PAGE OF

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NAME OF COMMITTEE (In Full)
FRIENDS OF MAKANI CHRISTENSEN

A.
Full Name (Last, First, Middle Initial): STRIPE
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: PROCESSING FEE
Candidate Name: MAKANI CHRISTENSEN
Office Sought: ☐ House ☒ Senate ☐ President
State: HI District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 08 / 08 / 2016
Amount of Each Disbursement this Period: 520
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): STRIPE
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: PROCESSING FEE
Candidate Name: MAKANI CHRISTENSEN
Office Sought: ☐ House ☒ Senate ☐ President
State: HI District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 09 / 08 / 2016
Amount of Each Disbursement this Period: 4930
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): ARC DOCUMENT SOLUTIONS
Mailing Address: 680 QUEEN ST
City: HONOLULU State: HI Zip Code: 96813
Purpose of Disbursement: ADVERTISEMENT SUPPLIES
Candidate Name:
Office Sought: ☐ House ☒ Senate ☐ President
State: HI District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 08 / 03 / 2016
Amount of Each Disbursement this Period: 180890
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 186340

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

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