

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Kiaaina for Congress

ADDRESS (number and street)

PO Box 700568

Check if different than previously reported. (ACC)

Kapolei

HI

96709

2. FEC IDENTIFICATION NUMBER ▼

C C00500470

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

HI

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Yuklin Aluli

Signature of Treasurer Yuklin Aluli

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 62

Write or Type Committee Name

Kiaaina for Congress

Report Covering the Period: From:

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 01 / 01 / 2012 |

To:

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 03 / 31 / 2012 |

| | 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)).... | 38684.53 | 90072.35 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 250.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 38684.53 | 89822.35 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 51309.39 | 81190.62 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 51309.39 | 81190.62 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | | |
| | 18126.73 | |
| 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)..... | | |
| | 10000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kiaaina for Congress

Report Covering the Period: From: / / To: / /

| 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)..... | 27465.48 | 55825.48 |
| (ii) Unitemized..... | 9085.00 | 15551.00 |
| (iii) TOTAL of contributions from individuals ▶ | 36550.48 | 71381.48 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 1000.00 |
| (d) The Candidate..... | 2134.05 | 17690.87 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 38684.53 | 90072.35 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 10000.00 | 10000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 10000.00 | 10000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 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)..... ▶ | 48684.53 | 100072.35 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 51309.39 | 81190.62 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 250.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 250.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 51309.39 | 81940.62 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 20751.59 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 48684.53 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 69436.12 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 51309.39 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 18126.73 |

**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) | PAGE 5 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Rosie Abriam

Mailing Address 20 Maryland Ave
Unit 301

City Rockville State MD Zip Code 20850-0359

FEC ID number of contributing federal political committee. **C**

Name of Employer The Center for Asian Pacific American Occupation President/CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8564209

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Jo-Ann M. Adams

Mailing Address 411 Hobron Ln
Apt 801

City Honolulu State HI Zip Code 96815-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8540972

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Jo-Ann M. Adams

Mailing Address 411 Hobron Ln
Apt 801

City Honolulu State HI Zip Code 96815-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : C8633941

Amount of Each Receipt this Period
100.00

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

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

2610.00

**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) | PAGE 6 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Jo-Ann M. Adams

Mailing Address 411 Hobron Ln
Apt 801

City Honolulu State HI Zip Code 96815-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Offices of Jo-Ann M. Adams, LLC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8565207

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Steven Allis

Mailing Address 607 14th St NW

City Washington State DC Zip Code 20005-2000

FEC ID number of contributing federal political committee. **C**

Name of Employer Perkins Coie LLP Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2012

Transaction ID : C8378049

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Yuklin Aluli

Mailing Address 415 Uluniu St
Ste C

City Kailua State HI Zip Code 96734-2503

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : C8539222

Amount of Each Receipt this Period
250.00

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

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

900.00

**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) | PAGE 7 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Joe M. Arnett

Mailing Address 361 S Marine Corps Dr

City State Zip Code
Tamuning GU 96913-3973

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Deloitte & Touche CPA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2012

Transaction ID : C8517508

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Anthony Babauta

Mailing Address 5001 Leatherback Rd

City State Zip Code
Woodbridge VA 22193-5866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Department of the Interior Assistant Secretary

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2012

Transaction ID : C8539223

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lourdes V. Bautista

Mailing Address PO Box 1504

City State Zip Code
Hagatna GU 96932-1504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2012

Transaction ID : C837774

Amount of Each Receipt this Period
250.00

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

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

750.00

**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) | PAGE 8 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Robert Brauneis

Mailing Address 2863 29th St NW

City Washington State DC Zip Code 20008-4111

FEC ID number of contributing federal political committee. **C**

Name of Employer George Washington University Occupation Professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012

Transaction ID : C8503979

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Paul Christensen

Mailing Address PO Box 240353

City Honolulu State HI Zip Code 96824-0353

FEC ID number of contributing federal political committee. **C**

Name of Employer Keawe Adventures Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : C8510422

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Christopher Dawson

Mailing Address 900 Fort Street Mall Ste 1700

City Honolulu State HI Zip Code 96813-3713

FEC ID number of contributing federal political committee. **C**

Name of Employer Dawson Technical LLC Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : C8416887

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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) | PAGE 9 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) A. Rosa Elliot | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012 |
| Mailing Address 626 Coral St Apt 1912 | | Transaction ID : C8644657 |
| City Honolulu | State HI | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer None | Occupation Retired | Election Cycle-to-Date 500.00 |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) B. Judith Fernandez | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2012 |
| Mailing Address 1033 Moanakai Rd | | Transaction ID : C8494486 |
| City Kapaa | State HI | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer None | Occupation Retired | Election Cycle-to-Date 500.00 |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) C. Judith Fernandez | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2012 |
| Mailing Address 1033 Moanakai Rd | | Transaction ID : C8540913 |
| City Kapaa | State HI | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer None | Occupation Retired | Election Cycle-to-Date 500.00 |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**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) | PAGE 10 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Richard Fernandez

Mailing Address 5419 Hoana Pl

City Honolulu State HI Zip Code 96821-1910

FEC ID number of contributing federal political committee. **C**

Name of Employer AECOM Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2012

Transaction ID : C8336094

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
William J. Fernandez

Mailing Address 1033 Moanakai Rd

City Kapaa State HI Zip Code 96746-1521

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : C8532219

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
William Fitzgerald

Mailing Address Box 909

City Saipan State MP Zip Code 96950

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : C8555123

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

**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) | PAGE 11 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Stephanie Fitzpatrick

Mailing Address 1545 Nehoa St
Apt 1003

City Honolulu State HI Zip Code 96822-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Property Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : C8575176

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Bryan Jaco Gallarde

Mailing Address 91-1105 Makaaloa St
Apt C

City Ewa Beach State HI Zip Code 96706-3988

FEC ID number of contributing federal political committee. **C**

Name of Employer JG Solutions LLC Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2012

Transaction ID : C8697736

Amount of Each Receipt this Period
 161.35

* In-Kind: Office Supplies

C. Full Name (Last, First, Middle Initial)
Bryan Jaco Gallarde

Mailing Address 91-1105 Makaaloa St
Apt C

City Ewa Beach State HI Zip Code 96706-3988

FEC ID number of contributing federal political committee. **C**

Name of Employer JG Solutions LLC Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012

Transaction ID : C8697730

Amount of Each Receipt this Period
 50.83

* In-Kind: Office Supplies

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

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

712.18

**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) | PAGE 12 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Bryan Jaco Gallarde

Mailing Address 91-1105 Makaaloa St
Apt C

City Ewa Beach State HI Zip Code 96706-3988

FEC ID number of contributing federal political committee. **C**

Name of Employer JG Solutions LLC Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **591.23**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012

Transaction ID : C8697720

Amount of Each Receipt this Period
 198.77

* In-Kind: Office Supplies

B. Full Name (Last, First, Middle Initial)
Bryan Jaco Gallarde

Mailing Address 91-1105 Makaaloa St
Apt C

City Ewa Beach State HI Zip Code 96706-3988

FEC ID number of contributing federal political committee. **C**

Name of Employer JG Solutions LLC Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **591.23**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2012

Transaction ID : C8697721

Amount of Each Receipt this Period
 112.28

* In-Kind: Office Supplies

C. Full Name (Last, First, Middle Initial)
Bryan Jaco Gallarde

Mailing Address 91-1105 Makaaloa St
Apt C

City Ewa Beach State HI Zip Code 96706-3988

FEC ID number of contributing federal political committee. **C**

Name of Employer JG Solutions LLC Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **591.23**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012

Transaction ID : C8697732

Amount of Each Receipt this Period
 20.93

* In-Kind: Office Supplies

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

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

331.98

**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) | PAGE 13 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Bryan Jaco Gallarde

Mailing Address 91-1105 Makaaloa St
Apt C

City Ewa Beach State HI Zip Code 96706-3988

FEC ID number of contributing federal political committee. **C**

Name of Employer JG Solutions LLC Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
591.23

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2012

Transaction ID : C8697734

Amount of Each Receipt this Period
47.07

* In-Kind: Volunteer Food

B. Full Name (Last, First, Middle Initial)
Denise Hayashi

Mailing Address 667 Paikau St

City Honolulu State HI Zip Code 96816

FEC ID number of contributing federal political committee. **C**

Name of Employer Denise Hayashi Consulting, LLC Occupation Principal

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2012

Transaction ID : C8416888

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Amy Kalili

Mailing Address PO Box 5344

City Kaneohe State HI Zip Code 96744-9164

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2012

Transaction ID : C8412710

Amount of Each Receipt this Period
250.00

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

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

547.07

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Kamaki Kanahele

Mailing Address 33 S King St
Ste 520

City Honolulu State HI Zip Code 96813-4325

FEC ID number of contributing federal political committee. **C**

Name of Employer Sovereign Councils of the HI Homelands Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2012

Transaction ID : C8543206

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Wilfred Kaupiko

Mailing Address 89-1196 Mamalahoa Hwy

City Captain Cook State HI Zip Code 96704-8940

FEC ID number of contributing federal political committee. **C**

Name of Employer South Kona Hauling Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2012

Transaction ID : C8494257

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Bruss Keppeler

Mailing Address PO Box 1319

City Honolulu State HI Zip Code 96807-1319

FEC ID number of contributing federal political committee. **C**

Name of Employer JTSI Inc. Occupation General Counsel

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : C8418512

Amount of Each Receipt this Period
 250.00

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

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

1050.00

**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) | PAGE 15 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Melvin Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 17 / 2012 | |
| Mailing Address 89-578 Farrington Hwy | | Transaction ID : C8694452 | |
| City Waianae | State HI | Zip Code 96792-4108 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 135.86 | |
| Name of Employer None | Occupation Retired | * In-Kind: Yard Sign Supplies | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1819.13 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Melvin Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2012 | |
| Mailing Address 89-578 Farrington Hwy | | Transaction ID : C8694448 | |
| City Waianae | State HI | Zip Code 96792-4108 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 282.69 | |
| Name of Employer None | Occupation Retired | * In-Kind: Banners | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1819.13 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Melvin Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2012 | |
| Mailing Address 89-578 Farrington Hwy | | Transaction ID : C8694451 | |
| City Waianae | State HI | Zip Code 96792-4108 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 141.34 | |
| Name of Employer None | Occupation Retired | * In-Kind: Literature Printing | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1819.13 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 559.89 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Melvin Kiaaina

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1819.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : C8694453

Amount of Each Receipt this Period
47.38

* In-Kind: Yard Sign Supplies

B. Full Name (Last, First, Middle Initial)
Melvin Kiaaina

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1819.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2012

Transaction ID : C8694454

Amount of Each Receipt this Period
51.04

* In-Kind: Yard Sign Supplies

C. Full Name (Last, First, Middle Initial)
Melvin Kiaaina

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1819.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2012

Transaction ID : C8543211

Amount of Each Receipt this Period
500.00

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

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

598.42

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Melvin Kiaaina

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1819.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : C8694449

Amount of Each Receipt this Period
282.69

* In-Kind: Banners

B. Full Name (Last, First, Middle Initial)
Melvin Kiaaina

Mailing Address 89-578 Farrington Hwy

City Waianae State HI Zip Code 96792-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1819.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : C8694455

Amount of Each Receipt this Period
128.13

* In-Kind: Yard Sign Supplies

C. Full Name (Last, First, Middle Initial)
Kristy Kusumoto

Mailing Address 1515 Ala Hahanui St

City Honolulu State HI Zip Code 96818-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : C8415744

Amount of Each Receipt this Period
250.00

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

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

660.82

**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) | PAGE 18 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Kristy Kusumoto

Mailing Address 1515 Ala Hahanui St

City Honolulu State HI Zip Code 96818-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : C8633920

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kristy Kusumoto

Mailing Address 1515 Ala Hahanui St

City Honolulu State HI Zip Code 96818-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : C8656447

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Reiko Kusumoto

Mailing Address 1515 Ala Hahanui St

City Honolulu State HI Zip Code 96818-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : C8575272

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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) | PAGE 19 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Keoni Lee

Mailing Address 95-989 Ukuwai St., #2305

City Mililani State HI Zip Code 96789-6964

FEC ID number of contributing federal political committee. **C**

Name of Employer Oiwi TV Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : C8415734

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Melody MacKenzie

Mailing Address 579 Kaneapu PI

City Kailua State HI Zip Code 96734-3132

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Hawaii Occupation Associate Professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : C8575251

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dee Jay Mailer

Mailing Address 1221 Victoria St
Apt 2205

City Honolulu State HI Zip Code 96814-1454

FEC ID number of contributing federal political committee. **C**

Name of Employer Kamehameha Schools Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : C8559446

Amount of Each Receipt this Period
 500.00

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

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

1300.00

**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) | PAGE 20 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Parag V. Mehta | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 13 / 2012 | |
| Mailing Address 1391 Pennsylvania Ave SE Unit 514 | | Transaction ID : C8374545 | |
| City Washington State DC Zip Code 20003-3089 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer U.S. Department of Labor Occupation Special Assistant | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Nola Mento | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012 | |
| Mailing Address 91-1005 Koanimakani St | | Transaction ID : C8575168 | |
| City Kapolei State HI Zip Code 96707-2936 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer Kaiser Occupation Nurse | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1064.10 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Nola Mento | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 | |
| Mailing Address 91-1005 Koanimakani St | | Transaction ID : C8694447 | |
| City Kapolei State HI Zip Code 96707-2936 | Amount of Each Receipt this Period 314.10 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer Kaiser Occupation Nurse | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1064.10 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1064.10 |
| TOTAL This Period (last page this line number only)..... | 1064.10 |

**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) | PAGE 21 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | | |
|---|----------|--|--|
| Full Name (Last, First, Middle Initial) A. Robert Merce | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2012 | |
| Mailing Address 2467 Aha Aina Pl | | Transaction ID : C8416892 | |
| City Honolulu | State HI | Zip Code 96821-1001 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer None | | Occupation Retired | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 250.00 | |

| | | | |
|---|----------|--|--|
| Full Name (Last, First, Middle Initial) B. Michael Moore | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 | |
| Mailing Address 1287 Front St | | Transaction ID : C8565681 | |
| City Lahaina | State HI | Zip Code 96761-1717 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Hoaloha Na Eha, Ltd | | Occupation Marketing Director | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 500.00 | |

| | | | |
|---|----------|--|--|
| Full Name (Last, First, Middle Initial) C. Dana Mora | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2012 | |
| Mailing Address 79-7199 Mamalahoa Hwy Apt E146 | | Transaction ID : C8694456 | |
| City Holualoa | State HI | Zip Code 96725-9704 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 199.08 | |
| Name of Employer U.S. Government | | Occupation Legal | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 249.08 | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 949.08 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**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) | PAGE 22 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Linda Moriarty

Mailing Address **PO Box 241**

City **Anahola** State **HI** Zip Code **96703-0241**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : C8545729

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Jerry Nakasone

Mailing Address **6208 Oloheua Rd # A**

City **Kapaa** State **HI** Zip Code **96746-8720**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Hawaiian Seal Consultants LLC** Occupation **Owner**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2012

Transaction ID : C8494483

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ricky Pa

Mailing Address **89-564 Farrington Hwy**

City **Waianae** State **HI** Zip Code **96792-4108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Artist**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : C8687064

Amount of Each Receipt this Period
1500.00

* In-Kind: Paintings Donated for Auction

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

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

2800.00

**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) | PAGE 23 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Rathburn

Mailing Address 918 Lunalilo St
Apt 402

City Honolulu State HI Zip Code 96822-3574

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012

Transaction ID : C8462406

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Jeremy Rye

Mailing Address 531 W 145th St
Apt 17

City New York State NY Zip Code 10031-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Center for Constitutional Rights Occupation Fundraiser

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : C8530381

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kitty Simonds

Mailing Address 5316 Nehu Pl

City Honolulu State HI Zip Code 96821-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Pacific Fishery Management Cou Occupation Executive Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2012

Transaction ID : C8455097

Amount of Each Receipt this Period
500.00

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

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

800.00

**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) | PAGE 24 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Shamina Singh

Mailing Address 244 Madison Ave
2760

City New York State NY Zip Code 10016-2817

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : C8496004

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jeannine Aguon Souki

Mailing Address 1212 Nuuanu Ave
Apt 403

City Honolulu State HI Zip Code 96817-4022

FEC ID number of contributing federal political committee. **C**

Name of Employer Wantanbe Ing LLC Occupation Advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : C8575137

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
P.T Suemori

Mailing Address 305 Akake Way

City Kailua State HI Zip Code 96734-4279

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : C8633912

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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) | PAGE 25 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Maui Tauotaha
 Full Name (Last, First, Middle Initial)
 Mailing Address 1617 Young St # A201
 City Honolulu State HI Zip Code 96826-2044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Producer
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2012
Transaction ID : C8694458
 Amount of Each Receipt this Period
 1050.00
 * In-Kind: Video Production

B. Ken Tingman
 Full Name (Last, First, Middle Initial)
 Mailing Address 377 Reasoner Rd
 City Honolulu State HI Zip Code 96819-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Consultant
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012
Transaction ID : C8694457
 Amount of Each Receipt this Period
 1931.94
 * In-Kind: Event Catering

C. Darlene Tisdelle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 Roslyn Ridge Rd
 City Charlottesville State VA Zip Code 22901-7542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Periodontist
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012
Transaction ID : C8534828
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

3331.94

**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) | PAGE 26 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Robert Underwood | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012 |
| Mailing Address PO Box 3159 | | Transaction ID : C8555110 |
| City Hagatna | State GU | Zip Code 96932-3159 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer University of Guam | Occupation Administrator | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Debra Wada | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 04 / 2012 |
| Mailing Address 660 4th St NE Unit 5 | | Transaction ID : C8339597 |
| City Washington | State DC | Zip Code 20002-5003 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer House Armed Services Committee | Occupation Professional Staff Member | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) James Whitt | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2012 |
| Mailing Address Cmr 415 Box 3357 | | Transaction ID : C8539756 |
| City Apo | State AE | Zip Code 09114-0034 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer D&S Consultants Inc. | Occupation GM/President | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

**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) | PAGE 27 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Kevin Winston

Mailing Address 20 Cliffside Ct

City Belmont State CA Zip Code 94002-3314

FEC ID number of contributing federal political committee. **C**

Name of Employer Porter Novelli Occupation Public Relations/Marketing

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : C8554789

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
John Yaukey

Mailing Address 2800 Quebec St NW
Apt 955

City Washington State DC Zip Code 20008-1267

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Journalism

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8564741

Amount of Each Receipt this Period
 1050.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

27465.48

**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) | PAGE 28 OF 62 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694432 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 61.24 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Office Supplies |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694431 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 242.69 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Office Supplies/Printing |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8455606 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 87.40 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Business Cards |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 391.33 |
| TOTAL This Period (last page this line number only)..... | |

**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) | PAGE 29 OF 62 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 16 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694427 |
| City State Zip Code Waianae HI 96792 | Amount of Each Receipt this Period 292.15 | |
| FEC ID number of contributing federal political committee. C H2HI00015 | Name of Employer Occupation OHA Candidate | * In-Kind: Car Rental |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694425 |
| City State Zip Code Waianae HI 96792 | Amount of Each Receipt this Period 444.00 | |
| FEC ID number of contributing federal political committee. C H2HI00015 | Name of Employer Occupation OHA Candidate | * In-Kind: Car Rental |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8697738 |
| City State Zip Code Waianae HI 96792 | Amount of Each Receipt this Period 68.60 | |
| FEC ID number of contributing federal political committee. C H2HI00015 | Name of Employer Occupation OHA Candidate | * In-Kind: Volunteer Food |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 804.75 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**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) | PAGE 30 OF 62 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt MM / DD / YYYY 02 / 24 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694426 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 100.00 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Airfare |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt MM / DD / YYYY 02 / 24 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694428 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 166.28 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Car Rental |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt MM / DD / YYYY 02 / 27 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694424 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 50.51 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Office Supplies |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 316.79 |
| TOTAL This Period (last page this line number only)..... | |

**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) | PAGE 31 OF 62 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694435 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 165.30 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Airfare |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694446 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 196.40 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Airfare |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Esther Kiaaina | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Transaction ID : C8694433 |
| City Waianae | State HI | |
| FEC ID number of contributing federal political committee. C H2HI00015 | | Amount of Each Receipt this Period 143.50 |
| Name of Employer OHA | Occupation Candidate | * In-Kind: Event Catering |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 27690.87 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 505.20 |
| TOTAL This Period (last page this line number only)..... | |

**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) | PAGE 32 OF 62 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Esther Kiaaina

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

FEC ID number of contributing federal political committee. **C** H2HI00015

Name of Employer OHA Occupation Candidate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
27690.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : C8694434

Amount of Each Receipt this Period
115.98

* In-Kind: Event Catering

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

115.98

2134.05

**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) | PAGE 33 OF 62 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Kiaaina for Congress

A. Full Name (Last, First, Middle Initial)
Esther Kiaaina

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

FEC ID number of contributing federal political committee. **C** H2HI00015

Name of Employer OHA Occupation Candidate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
27690.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : C8423744

Amount of Each Receipt this Period
10000.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

10000.00

10000.00

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Kiaaina for Congress

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Aiea Copy Center | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012 |
| Mailing Address 99-115 Aiea Heights Dr # 288 | | Amount of Each Disbursement this Period 369.07 |
| City Aiea State HI Zip Code 96701-3924 | Purpose of Disbursement Banners | |
| Candidate Name | Category/Type | Transaction ID : D608004 |
| Office Sought: House Senate President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Aiea Copy Center | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 99-115 Aiea Heights Dr # 288 | | Amount of Each Disbursement this Period 1413.45 |
| City Aiea State HI Zip Code 96701-3924 | Purpose of Disbursement Banners | |
| Candidate Name | Category/Type | Transaction ID : D610590 |
| Office Sought: House Senate President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Aiea Copy Center | | Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012 |
| Mailing Address 99-115 Aiea Heights Dr # 288 | | Amount of Each Disbursement this Period 131.92 |
| City Aiea State HI Zip Code 96701-3924 | Purpose of Disbursement Literature Printing | |
| Candidate Name | Category/Type | Transaction ID : D610591 |
| Office Sought: House Senate President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1914.44 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 35 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Nitt Chuenprateep | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012 |
| Mailing Address 850 Quincy St NW Apt 510 | | Amount of Each Disbursement this Period 400.00 |
| City Washington | State DC | Zip Code 20011-5876 |
| Purpose of Disbursement Website | Category/Type | |
| Candidate Name | Transaction ID : D610653 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Creative Design Hawaii | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012 |
| Mailing Address 810 Gulick Ave #101 | | Amount of Each Disbursement this Period 1020.94 |
| City Honolulu | State HI | Zip Code 96819 |
| Purpose of Disbursement Yard Signs | Category/Type | |
| Candidate Name | Transaction ID : D610592 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Creative Design Hawaii | | Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012 |
| Mailing Address 810 Gulick Ave #101 | | Amount of Each Disbursement this Period 1020.94 |
| City Honolulu | State HI | Zip Code 96819 |
| Purpose of Disbursement Yard Signs | Category/Type | |
| Candidate Name | Transaction ID : D608048 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2441.88 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Dewey Square Group

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW
Ste 400 E

City Washington State DC Zip Code 20001

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2012

Amount of Each Disbursement this Period: 4548.32

Transaction ID : D610659

Category/Type

B. Esther Kiaaina

Full Name (Last, First, Middle Initial)

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

Purpose of Disbursement Business Cards

Candidate Name Esther Kiaaina

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: HI District: 02

Date of Disbursement: 01 / 30 / 2012

Amount of Each Disbursement this Period: 87.40

Transaction ID : D610812

* In-Kind Received

Category/Type

c. Esther Kiaaina

Full Name (Last, First, Middle Initial)

Mailing Address 89-564 Farrington Highway

City Waianae State HI Zip Code 96792

Purpose of Disbursement Office Supplies

Candidate Name Esther Kiaaina

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: HI District: 02

Date of Disbursement: 02 / 27 / 2012

Amount of Each Disbursement this Period: 50.51

Transaction ID : D610490

* In-Kind Received

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 4686.23

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 444.00 |
| City Waianae | State HI | |
| Zip Code 96792 | Purpose of Disbursement Car Rental | * In-Kind Received |
| Candidate Name Esther Kiaaina | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: HI District: 02 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 100.00 |
| City Waianae | State HI | |
| Zip Code 96792 | Purpose of Disbursement Airfare | * In-Kind Received |
| Candidate Name Esther Kiaaina | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: HI District: 02 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 292.15 |
| City Waianae | State HI | |
| Zip Code 96792 | Purpose of Disbursement Car Rental | * In-Kind Received |
| Candidate Name Esther Kiaaina | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: HI District: 02 | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 836.15 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 62 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Esther Kiaaina | | Date of Disbursement MM / DD / YYYY 02 / 24 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 166.28 |
| City Waianae | State HI | |
| Zip Code 96792 | Purpose of Disbursement Car Rental | Transaction ID : D610494 |
| Candidate Name Esther Kiaaina | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: HI | District: 02 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Esther Kiaaina | | Date of Disbursement MM / DD / YYYY 01 / 28 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 242.69 |
| City Waianae | State HI | |
| Zip Code 96792 | Purpose of Disbursement Office Supplies/Printing | Transaction ID : D610495 |
| Candidate Name Esther Kiaaina | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: HI | District: 02 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Esther Kiaaina | | Date of Disbursement MM / DD / YYYY 01 / 25 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 61.24 |
| City Waianae | State HI | |
| Zip Code 96792 | Purpose of Disbursement Office Supplies | Transaction ID : D610496 |
| Candidate Name Esther Kiaaina | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: HI | District: 02 | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 470.21 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 424.78 Transaction ID : D610497 |
| City Waianae State HI Zip Code 96792 | Purpose of Disbursement Event Catering | |
| Candidate Name Esther Kiaaina | Category/Type | * In-Kind Received |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 115.98 Transaction ID : D610498 |
| City Waianae State HI Zip Code 96792 | Purpose of Disbursement Event Catering | |
| Candidate Name Esther Kiaaina | Category/Type | * In-Kind Received |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 165.30 Transaction ID : D610499 |
| City Waianae State HI Zip Code 96792 | Purpose of Disbursement Airfare | |
| Candidate Name Esther Kiaaina | Category/Type | * In-Kind Received |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 424.78 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 3,000.00 196.40 |
| City Waianae State HI Zip Code 96792 | Purpose of Disbursement Airfare | |
| Candidate Name Esther Kiaaina | | Transaction ID : D610510 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: HI District: 02 | | * In-Kind Received |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Esther Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 89-564 Farrington Highway | | Amount of Each Disbursement this Period 3,000.00 68.60 |
| City Waianae State HI Zip Code 96792 | Purpose of Disbursement Volunteer Food | |
| Candidate Name Esther Kiaaina | | Transaction ID : D610932 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: HI District: 02 | | * In-Kind Received |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. First Bank Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012 |
| Mailing Address 5565 Glenridge Connector NE | | Amount of Each Disbursement this Period 3,000.00 41.16 |
| City Atlanta State GA Zip Code 30342-4756 | Purpose of Disbursement Credit Card Processing | |
| Candidate Name | | Transaction ID : D610598 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 306.16 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 41 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

Full Name (Last, First, Middle Initial)
A. First Bank Merchant Services

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-4756

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 03 / 2012

Amount of Each Disbursement this Period
92.98

Transaction ID : D610600

Category/Type

Full Name (Last, First, Middle Initial)
B. First Bank Merchant Services

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-4756

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 05 / 2012

Amount of Each Disbursement this Period
114.71

Transaction ID : D610601

Category/Type

Full Name (Last, First, Middle Initial)
c. Bryan Jaco Gallarde

Mailing Address 91-1105 Makaaloa St
Apt C

City Ewa Beach State HI Zip Code 96706-3988

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 01 / 2012

Amount of Each Disbursement this Period
198.77

Transaction ID : D610924

* In-Kind Received

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 406.46

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

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bryan Jaco Gallarde | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2012 |
| Mailing Address 91-1105 Makaaloa St Apt C | | Amount of Each Disbursement this Period 112.28 |
| City Ewa Beach State HI Zip Code 96706-3988 | Purpose of Disbursement Office Supplies | Transaction ID : D610925 |
| Candidate Name | Category/Type | |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bryan Jaco Gallarde | | Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012 |
| Mailing Address 91-1105 Makaaloa St Apt C | | Amount of Each Disbursement this Period 50.83 |
| City Ewa Beach State HI Zip Code 96706-3988 | Purpose of Disbursement Office Supplies | Transaction ID : D610927 |
| Candidate Name | Category/Type | |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Bryan Jaco Gallarde | | Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012 |
| Mailing Address 91-1105 Makaaloa St Apt C | | Amount of Each Disbursement this Period 20.93 |
| City Ewa Beach State HI Zip Code 96706-3988 | Purpose of Disbursement Office Supplies | Transaction ID : D610929 |
| Candidate Name | Category/Type | |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 184.04 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Bryan Jaco Gallarde | | Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012 |
| Mailing Address 91-1105 Makaalooa St Apt C | | Amount of Each Disbursement this Period 47.07 |
| City Ewa Beach | State HI | |
| Zip Code 96706-3988 | Purpose of Disbursement Volunteer Food | Transaction ID : D610930 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Bryan Jaco Gallarde | | Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2012 |
| Mailing Address 91-1105 Makaalooa St Apt C | | Amount of Each Disbursement this Period 161.35 |
| City Ewa Beach | State HI | |
| Zip Code 96706-3988 | Purpose of Disbursement Office Supplies | Transaction ID : D610931 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 168.60 |
| City Honolulu | State HI | |
| Zip Code 96820-0008 | Purpose of Disbursement Airfare | Transaction ID : D610614 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 377.02 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 168.60 Transaction ID : D610615 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 187.60 Transaction ID : D610617 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 106.30 Transaction ID : D610619 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 462.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 106.30 Transaction ID : D610620 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 204.60 Transaction ID : D610622 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 177.60 Transaction ID : D594678 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 488.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 106.30 Transaction ID : D594679 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 106.30 Transaction ID : D594680 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Hawaiian Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period 160.60 Transaction ID : D607970 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | Category/Type | |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 373.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 47 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Hawaiian Electric Co Inc | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012 |
| Mailing Address PO Box 3978 | | Amount of Each Disbursement this Period 500.00 Transaction ID : D594106 |
| City Honolulu | State HI | |
| Zip Code 96812-3978 | Purpose of Disbursement Utility Deposit | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Hawaiian Telcom | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2012 |
| Mailing Address PO Box 30770 | | Amount of Each Disbursement this Period 230.00 Transaction ID : D610624 |
| City Honolulu | State HI | |
| Zip Code 96820-0770 | Purpose of Disbursement Telephone | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Hawaiian Telcom | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012 |
| Mailing Address PO Box 30770 | | Amount of Each Disbursement this Period 165.14 Transaction ID : D594104 |
| City Honolulu | State HI | |
| Zip Code 96820-0770 | Purpose of Disbursement Telephone | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: |

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| SUBTOTAL of Disbursements This Page (optional)..... | 895.14 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Hull & Company | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012 |
| Mailing Address 615 Piikoi St Ste 1901 | | Amount of Each Disbursement this Period 780.42 Transaction ID : D594109 |
| City Honolulu | State HI Zip Code 96814-3147 | |
| Purpose of Disbursement Insurance | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. JG Solutions LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012 |
| Mailing Address 91-1105 Makaaloa St Apt C | | Amount of Each Disbursement this Period 3000.00 Transaction ID : D610628 |
| City Ewa Beach | State HI Zip Code 96706-3988 | |
| Purpose of Disbursement Strategy Consulting | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. JG Solutions LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012 |
| Mailing Address 91-1105 Makaaloa St Apt C | | Amount of Each Disbursement this Period 3000.00 Transaction ID : D610629 |
| City Ewa Beach | State HI Zip Code 96706-3988 | |
| Purpose of Disbursement Strategy Consulting | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 6780.42 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JG Solutions LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012 |
| Mailing Address 91-1105 Makaaloa St Apt C | | Amount of Each Disbursement this Period 3000.00 Transaction ID : D610631 |
| City Ewa Beach | State HI Zip Code 96706-3988 | |
| Purpose of Disbursement Strategy Consulting | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kalama Beach Club | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012 |
| Mailing Address 280 N Kalaheo Ave | | Amount of Each Disbursement this Period 154.71 Transaction ID : D610633 |
| City Kailua | State HI Zip Code 96734 | |
| Purpose of Disbursement Event Venue | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Kalama Beach Club | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012 |
| Mailing Address 280 N Kalaheo Ave | | Amount of Each Disbursement this Period 100.00 Transaction ID : D610634 |
| City Kailua | State HI Zip Code 96734 | |
| Purpose of Disbursement Event Deposit | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3254.71 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Melvin Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012 |
| Mailing Address 89-578 Farrington Hwy | | Amount of Each Disbursement this Period 282.69 |
| City Waianae | State HI | |
| Zip Code 96792-4108 | Purpose of Disbursement Banners | Transaction ID : D610512 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Melvin Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012 |
| Mailing Address 89-578 Farrington Hwy | | Amount of Each Disbursement this Period 282.69 |
| City Waianae | State HI | |
| Zip Code 96792-4108 | Purpose of Disbursement Banners | Transaction ID : D610513 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Melvin Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012 |
| Mailing Address 89-578 Farrington Hwy | | Amount of Each Disbursement this Period 141.34 |
| City Waianae | State HI | |
| Zip Code 96792-4108 | Purpose of Disbursement Literature Printing | Transaction ID : D610514 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 706.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 51 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Melvin Kiaaina | | Date of Disbursement MM / DD / YYYY 02 / 17 / 2012 |
| Mailing Address 89-578 Farrington Hwy | | Amount of Each Disbursement this Period 2,000.00 135.86 |
| City Waianae State HI Zip Code 96792-4108 | Purpose of Disbursement Yard Sign Supplies | |
| Candidate Name | Category/Type | Transaction ID : D610515 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | * In-Kind Received |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Melvin Kiaaina | | Date of Disbursement MM / DD / YYYY 03 / 15 / 2012 |
| Mailing Address 89-578 Farrington Hwy | | Amount of Each Disbursement this Period 2,000.00 47.38 |
| City Waianae State HI Zip Code 96792-4108 | Purpose of Disbursement Yard Sign Supplies | |
| Candidate Name | Category/Type | Transaction ID : D610518 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | * In-Kind Received |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Melvin Kiaaina | | Date of Disbursement MM / DD / YYYY 03 / 17 / 2012 |
| Mailing Address 89-578 Farrington Hwy | | Amount of Each Disbursement this Period 2,000.00 51.04 |
| City Waianae State HI Zip Code 96792-4108 | Purpose of Disbursement Yard Sign Supplies | |
| Candidate Name | Category/Type | Transaction ID : D610520 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | * In-Kind Received |

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| SUBTOTAL of Disbursements This Page (optional)..... | 234.28 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Melvin Kiaaina | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012 |
| Mailing Address 89-578 Farrington Hwy | | Amount of Each Disbursement this Period 288.13 Transaction ID : D610521 |
| City Waianae | State HI | |
| Zip Code 96792-4108 | Purpose of Disbursement Yard Sign Supplies | * In-Kind Received |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Limelight Media Relations | | Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012 |
| Mailing Address PO Box 75865 | | Amount of Each Disbursement this Period 400.00 Transaction ID : D610655 |
| City Kapolei | State HI | |
| Zip Code 96707 | Purpose of Disbursement Communications Consulting | * In-Kind Received |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Marian's Catering | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012 |
| Mailing Address PO Box 861597 | | Amount of Each Disbursement this Period 1971.86 Transaction ID : D610608 |
| City Wahiawa | State HI | |
| Zip Code 96786-8561 | Purpose of Disbursement Event Catering | * In-Kind Received |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2499.99 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Maui Beach Hotel | | Date of Disbursement MM / DD / YYYY 02 / 16 / 2012 |
| Mailing Address 170 W Kaahumanu Ave | | Amount of Each Disbursement this Period 306.22 Transaction ID : D610656 |
| City Kahului | State HI | |
| Zip Code 96732 | Purpose of Disbursement Event Venue/Catering | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Nola Mento | | Date of Disbursement MM / DD / YYYY 03 / 31 / 2012 |
| Mailing Address 91-1005 Koanimakani St | | Amount of Each Disbursement this Period 314.10 Transaction ID : D610511 |
| City Kapolei | State HI | |
| Zip Code 96707-2936 | Purpose of Disbursement Banners | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | * In-Kind Received |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Navigare Strategy Group, LLC | | Date of Disbursement MM / DD / YYYY 01 / 02 / 2012 |
| Mailing Address 625 3rd St NE Suite 2 | | Amount of Each Disbursement this Period 2500.00 Transaction ID : D594110 |
| City Washington | State DC | |
| Zip Code 20002-4942 | Purpose of Disbursement Strategy Consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3120.32 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

A. Navigare Strategy Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 625 3rd St NE Suite 2

City Washington State DC Zip Code 20002-4942

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2012

Amount of Each Disbursement this Period: 2500.00

Transaction ID : D610657

B. Navigare Strategy Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 625 3rd St NE Suite 2

City Washington State DC Zip Code 20002-4942

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2012

Amount of Each Disbursement this Period: 2500.00

Transaction ID : D610658

C. NGP VAN

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Database Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 16 / 2012

Amount of Each Disbursement this Period: 2100.00

Transaction ID : D610654

SUBTOTAL of Disbursements This Page (optional) 7100.00

TOTAL This Period (last page this line number only)

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012 |
| Mailing Address 340 Kamakee St | | Amount of Each Disbursement this Period 141.76 Transaction ID : D610650 |
| City Honolulu State HI Zip Code 96814-5200 | Purpose of Disbursement Office Supplies | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012 |
| Mailing Address 340 Kamakee St | | Amount of Each Disbursement this Period 66.68 Transaction ID : D610573 |
| City Honolulu State HI Zip Code 96814-5200 | Purpose of Disbursement Office Supplies | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012 |
| Mailing Address 340 Kamakee St | | Amount of Each Disbursement this Period 115.86 Transaction ID : D608039 |
| City Honolulu State HI Zip Code 96814-5200 | Purpose of Disbursement Office Supplies | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 324.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 56 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement MM / DD / YYYY 02 / 17 / 2012 |
| Mailing Address 340 Kamakee St | | Amount of Each Disbursement this Period 47.88 |
| City Honolulu | State HI Zip Code 96814-5200 | |
| Purpose of Disbursement Office Supplies | Category/Type | Transaction ID : D608042 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ricky Pa | | Date of Disbursement MM / DD / YYYY 03 / 29 / 2012 |
| Mailing Address 89-564 Farrington Hwy | | Amount of Each Disbursement this Period 1500.00 |
| City Waianae | State HI Zip Code 96792-4108 | |
| Purpose of Disbursement Paintings Donated for Auction | Category/Type | Transaction ID : D610072 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Project Accounting Services | | Date of Disbursement MM / DD / YYYY 02 / 02 / 2012 |
| Mailing Address 603 Stewart St Ste 819 | | Amount of Each Disbursement this Period 1427.25 |
| City Seattle | State WA Zip Code 98101-1229 | |
| Purpose of Disbursement Accounting/Compliance | Category/Type | Transaction ID : D594111 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2975.13 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 57 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Project Accounting Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012 |
| Mailing Address 603 Stewart St Ste 819 | | Amount of Each Disbursement this Period 480.00 Transaction ID : D610651 |
| City Seattle State WA Zip Code 98101-1229 | Purpose of Disbursement Accounting/Compliance | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Service Printers Hawaii Inc. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012 |
| Mailing Address 1829 Dillingham Boulevard | | Amount of Each Disbursement this Period 483.76 Transaction ID : D594677 |
| City Honolulu State HI Zip Code 96819 | Purpose of Disbursement Walk Piece | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Service Printers Hawaii Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address 1829 Dillingham Boulevard | | Amount of Each Disbursement this Period 483.76 Transaction ID : D608027 |
| City Honolulu State HI Zip Code 96819 | Purpose of Disbursement Walk Piece | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1447.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Maui Tauotaha | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2012 |
| Mailing Address 1617 Young St # A201 | | Amount of Each Disbursement this Period 1050.00 |
| City Honolulu | State HI Zip Code 96826-2044 | |
| Purpose of Disbursement Video Production | Category/Type | Transaction ID : D610526 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ken Tingman | | Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012 |
| Mailing Address 377 Reasoner Rd | | Amount of Each Disbursement this Period 1931.94 |
| City Honolulu | State HI Zip Code 96819-1537 | |
| Purpose of Disbursement Event Catering | Category/Type | Transaction ID : D610525 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. United Airlines | | Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2012 |
| Mailing Address 6000 N Terminal Pkwy | | Amount of Each Disbursement this Period 1332.27 |
| City Atlanta | State GA Zip Code 30337 | |
| Purpose of Disbursement Airfare | Category/Type | Transaction ID : D610644 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4314.21 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 62 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial) A. VistaPrint.com | | Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012 |
| Mailing Address 95 Hayden Ave | | Amount of Each Disbursement this Period 284.52 Transaction ID : D610640 |
| City Lexington | State MA Zip Code 02421 | |
| Purpose of Disbursement Postcard Printing | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ward Plaza-Warehouse LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012 |
| Mailing Address PO Box 31000 | | Amount of Each Disbursement this Period 523.56 Transaction ID : D610635 |
| City Honolulu | State HI Zip Code 96849 | |
| Purpose of Disbursement Rent | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial) c. Ward Plaza-Warehouse LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012 |
| Mailing Address PO Box 31000 | | Amount of Each Disbursement this Period 523.56 Transaction ID : D610637 |
| City Honolulu | State HI Zip Code 96849 | |
| Purpose of Disbursement Rent | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1331.64 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ward Plaza-Warehouse LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012 |
| Mailing Address PO Box 31000 | | Amount of Each Disbursement this Period 675.56 |
| City Honolulu | State HI | Zip Code 96849 |
| Purpose of Disbursement Rent | Category/Type | |
| Candidate Name | Transaction ID : D594108 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dewey Square Group | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012 |
| Mailing Address 1001 G St NW Ste 400 E | | Amount of Each Disbursement this Period 819.02 |
| City Washington | State DC | Zip Code 20001 |
| Purpose of Disbursement Travel Expense Reimbursement (memos below if itemized) | Category/Type | |
| Candidate Name | Transaction ID : D610660 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Ala Moana Hotel | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012 |
| Mailing Address 410 Atkinson Dr | | Amount of Each Disbursement this Period 441.03 |
| City Honolulu | State HI | Zip Code 96814-4730 |
| Purpose of Disbursement Lodging | Category/Type | |
| Candidate Name | Transaction ID : D610661 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1494.58 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kiaaina for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Hawaiian Airlines | | Date of Disbursement MM / DD / YYYY 03 / 06 / 2012 |
| Mailing Address PO Box 30008 | | Amount of Each Disbursement this Period \$ 363.00 |
| City Honolulu State HI Zip Code 96820-0008 | Purpose of Disbursement Airfare | |
| Candidate Name | | Transaction ID : D610662 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | [MEMO ITEM] |

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

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

| | |
|---|-------------|
| SUBTOTAL of Disbursements This Page (optional)..... | \$ 0.00 |
| TOTAL This Period (last page this line number only)..... | \$ 49850.53 |

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)
Kiaaina for Congress

Transaction ID : **L1000**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Esther Kiaaina

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
89-564 Farrington Highway

City State ZIP Code
Waianae HI 96792

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 31 / Y 2012 M M / D D / Y none 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)..... 10000.00
TOTALS This Period (last page in this line only)..... 10000.00

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