FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
13 OCT 23 AM 9:58
Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Cam Cavasso for U.S. Senate

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

☐ Check if different than previously reported. (ACC)

Waimanalo | HI | 96795

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

CITY ▲ | STATE ▲ | ZIP CODE ▲ | STATE ▼ DISTRICT

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

HI

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2013 through 09 / 30 / 2013

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

Type or Print Name of Treasurer Phil Uyehara

Signature of Treasurer ~~Phil Uyehara~~ Phil Uyehara Date 10 / 14 / 2013

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

FE5AN018

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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 07 / 01 / 2013 To: 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	3220.00	22760.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3220.00	22760.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3231.82	52462.97
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2165.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3231.82	50297.29
8. Cash on Hand at Close of Reporting Period (from Line 27)	4793.07	
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)	148636.78	

For further information contact:

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

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

13020511890

13020511891

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003) PAGE 3 / 71

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period: From: 07 / 01 / 2013 To: 09 / 30 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3000.00	17000.00
(ii) Unitemized	220.00	3397.00
(iii) TOTAL of contributions from individuals ▶	3220.00	20397.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	2363.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3220.00	22760.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	8450.00	91468.29
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	8450.00	91468.29
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	2165.68
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	11670.00	116393.97

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	3231.82	52462.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	4097.45	70251.88
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	4097.45	70251.88
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	7329.27	122714.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	452.34
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	11670.00
25. SUBTOTAL (add Line 23 and Line 24)	12122.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	7329.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	4793.07

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 5 OF 71

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

A.
Full Name (Last, First, Middle Initial)
David Begin
Mailing Address 15230 Bovary Court
City: Colorado Springs | State: CO | Zip Code: 80921
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Business Owner
Receipt For: 2010 — [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2400.00

Date of Receipt: 07 / 08 / 2013
Transaction ID : SA11AI.7292
Amount of Each Receipt this Period: 2400.00
Contribution to Retire Debt

B.
Full Name (Last, First, Middle Initial)
David Begin
Mailing Address 15230 Bovary Court
City: Colorado Springs | State: CO | Zip Code: 80921
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Business Owner
Receipt For: 2010 — [ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 2500.00

Date of Receipt: 07 / 08 / 2013
Transaction ID : SA11AI.7293
Amount of Each Receipt this Period: 100.00
Contribution to retire debt

C.
Full Name (Last, First, Middle Initial)
Wayne Tanaka
Mailing Address 1001 Bishop Street Suite 2600
City: Honolulu | State: HI | Zip Code: 96813
FEC ID number of contributing federal political committee: C
Name of Employer: Mass Mutual
Occupation: General Manager
Receipt For: 2010 — [ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 650.00

Date of Receipt: 07 / 12 / 2013
Transaction ID : SA11AI.7294
Amount of Each Receipt this Period: 500.00
Contribution to retire debt

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only) 3000.00

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 OF 71

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual | Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 65233.95

Date of Receipt: 07 / 08 / 2013
Transaction ID : SA13A.7299
Amount of Each Receipt this Period: 2500.00
Loan from Candidate

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual | Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 67233.95

Date of Receipt: 07 / 29 / 2013
Transaction ID : SA13A.7301
Amount of Each Receipt this Period: 2000.00
Loan from candidate

C.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual | Occupation: Insurance Agent
Receipt For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 69333.95

Date of Receipt: 08 / 23 / 2013
Transaction ID : SA13A.7302
Amount of Each Receipt this Period: 2100.00
Loan from candidate

SUBTOTAL of Receipts This Page (optional) 6600.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 70483.95

Date of Receipt: 09 / 09 / 2013
Transaction ID : SA13A.7303
Amount of Each Receipt this Period: 1150.00
Loan from Candidate

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso
Mailing Address P.O. Box 44
City: Waimanalo | State: HI | Zip Code: 96795
FEC ID number of contributing federal political committee: C S4HI00102
Name of Employer: MassMutual
Occupation: Insurance Agent
Receipt For: 2010
☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 71183.95

Date of Receipt: 09 / 27 / 2013
Transaction ID : SA13A.7304
Amount of Each Receipt this Period: 700.00
Loan from Candidate

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1850.00

TOTAL This Period (last page this line number only) 8450.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial)
ACH Direct, Inc
Mailing Address 500 West Bethany Drive
Suite 200
City: Allen | State: TX | Zip Code: 75013
Purpose of Disbursement: Service charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 10 / 2013
Amount of Each Disbursement this Period: 19.99
Transaction ID : SB17.7311

B.
Full Name (Last, First, Middle Initial)
ACH Direct, Inc
Mailing Address 500 West Bethany Drive
Suite 200
City: Allen | State: TX | Zip Code: 75013
Purpose of Disbursement: Service charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 12 / 2013
Amount of Each Disbursement this Period: 19.99
Transaction ID : SB17.7312

C.
Full Name (Last, First, Middle Initial)
ACH Direct, Inc
Mailing Address 500 West Bethany Drive
Suite 200
City: Allen | State: TX | Zip Code: 75013
Purpose of Disbursement: Service charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 10 / 2013
Amount of Each Disbursement this Period: 19.99
Transaction ID : SB17.7313

SUBTOTAL of Disbursements This Page (optional) 59.97

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial)
AMEX

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Service charges

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 03 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.7308

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

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Service charges

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 08 / 05 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.7309

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

Mailing Address P.O. Box 981535

City: El Paso | State: TX | Zip Code: 79998-1535

Purpose of Disbursement: Service charges

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 03 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : SB17.7310

SUBTOTAL of Disbursements This Page (optional) 23.85

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

13020511900

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial)
Bank of America Amex
Mailing Address P.O. Box 982235
City: El Paso | State: TX | Zip Code: 79998-2235
Purpose of Disbursement: CC Finance charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 19 / 2013
Amount of Each Disbursement this Period: 28.89
Transaction ID : SB17.7318

B.
Full Name (Last, First, Middle Initial)
Bank of America Amex
Mailing Address P.O. Box 982235
City: El Paso | State: TX | Zip Code: 79998-2235
Purpose of Disbursement: CC Finance charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 19 / 2013
Amount of Each Disbursement this Period: 28.80
Transaction ID : SB17.7319

C.
Full Name (Last, First, Middle Initial)
Bank of America Amex
Mailing Address P.O. Box 982235
City: El Paso | State: TX | Zip Code: 79998-2235
Purpose of Disbursement: CC Finance charges
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 18 / 2013
Amount of Each Disbursement this Period: 26.86
Transaction ID : SB17.7320

SUBTOTAL of Disbursements This Page (optional) 84.55

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

13020511901

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Dell Marketing

Mailing Address P.O. Box 910916

City: Pasadena | State: CA | Zip Code: 91110-0916

Purpose of Disbursement: Computer Equip-past due bal

Candidate Name

Category/ Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 08 / 24 / 2013

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.7327

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

Mailing Address 10 Glenlake Parkway NE

City: Atlanta | State: GA | Zip Code: 30328

Purpose of Disbursement: Service charges

Candidate Name

Category/ Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 02 / 2013

Amount of Each Disbursement this Period: 4.99

Transaction ID : SB17.7305

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

Mailing Address 10 Glenlake Parkway NE

City: Atlanta | State: GA | Zip Code: 30328

Purpose of Disbursement: Services charges

Candidate Name

Category/ Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 02 / 2013

Amount of Each Disbursement this Period: 114.45

Transaction ID : SB17.7306

SUBTOTAL of Disbursements This Page (optional) 319.44

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

13020511902

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Global Payments

Mailing Address 10 Glenlake Parkway NE

City: Atlanta | State: GA | Zip Code: 30328

Purpose of Disbursement: Service charges

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 04 / 2013

Amount of Each Disbursement this Period: 9.51

Transaction ID : SB17.7307

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

Mailing Address 1095 Lunaanela Street

City: Kailua | State: HI | Zip Code: 96734

Purpose of Disbursement: Web design services

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 12 / 2013

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.7328

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

Mailing Address 512 Means Street
Suite 404

City: Atlanta | State: GA | Zip Code: 30318

Purpose of Disbursement: Email services

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 19 / 2013

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.7324

SUBTOTAL of Disbursements This Page (optional) 1559.51

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

13020511903

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Mailchimp

Mailing Address 512 Means Street
Suite 404

City: Atlanta | State: GA | Zip Code: 30318

Purpose of Disbursement: Email services

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 20 / 2013

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.7325

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

Mailing Address 512 Means Street
Suite 404

City: Atlanta | State: GA | Zip Code: 30318

Purpose of Disbursement: Email services

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 26 / 2013

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.7326

C. Full Name (Last, First, Middle Initial)
RSC Partners, Inc

Mailing Address P.O. Box 691826

City: Los Angeles | State: CA | Zip Code: 90069

Purpose of Disbursement: Professional Fees-past due bal

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 07 / 26 / 2013

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.7329

SUBTOTAL of Disbursements This Page (optional) 400.00

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

13020511904

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
RSC Partners, Inc
Mailing Address P.O. Box 691826
City: Los Angeles | State: CA | Zip Code: 90069
Purpose of Disbursement: Professional Fees-past due bal
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 08 / 24 / 2013
Amount of Each Disbursement this Period: 600.00
Transaction ID : SB17.7330

B.
Full Name (Last, First, Middle Initial)
Webconnex
Mailing Address 455 Capitol Mall Suite 325
City: Sacramento | State: CA | Zip Code: 95814
Purpose of Disbursement: Credit card processing fees
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 16 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7321

C.
Full Name (Last, First, Middle Initial)
Webconnex
Mailing Address 455 Capitol Mall Suite 325
City: Sacramento | State: CA | Zip Code: 95814
Purpose of Disbursement: Credit card processing fees
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 15 / 2013
Amount of Each Disbursement this Period: 59.00
Transaction ID : SB17.7322

SUBTOTAL of Disbursements This Page (optional) 718.00

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

13020511905

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial)
Webconnex

Mailing Address 455 Capitol Mall
Suite 325

City: Sacramento | State: CA | Zip Code: 95814

Purpose of Disbursement: Credit card processing fees

Candidate Name:

Category/ Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 09 / 17 / 2013

Amount of Each Disbursement this Period: 59.00

Transaction ID : SB17.7323

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 59.00

TOTAL This Period (last page this line number only) 3224.32

13020511906

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

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

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2013
Amount of Each Disbursement this Period: 323.57
Transaction ID : SB19A.7332

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2104
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2013
Amount of Each Disbursement this Period: 201.43
Transaction ID : SB19A.7333

C.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2444
Mailing Address 41-530 Waikupanaha Street
City: Waimanalo | State: HI | Zip Code: 96795
Purpose of Disbursement: Payment on credit card balance
Candidate Name
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2013
Amount of Each Disbursement this Period: 1539.00
Transaction ID : SB19A.7334

SUBTOTAL of Disbursements This Page (optional) 2064.00

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

13020511907

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-2911

Mailing Address 41-530 Waikupanaha Street

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

Purpose of Disbursement: Payment on credit card balance

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 09 / 30 / 2013

Amount of Each Disbursement this Period: 168.00

Transaction ID : SB19A.7335

B.
Full Name (Last, First, Middle Initial)
Campbell Cavasso-4528

Mailing Address 41-530 Waikupanaha Street

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

Purpose of Disbursement: Payment on credit card balance

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 09 / 30 / 2013

Amount of Each Disbursement this Period: 1865.45

Transaction ID : SB19A.7336

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: / /

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 2033.45

TOTAL This Period (last page this line number only) 4097.45

13020511908

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6859

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

13020511909

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6860

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	2600.00
TOTALS This Period (last page in this line only) ▶	

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

13020511910

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6977

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1989.95
TOTALS This Period (last page in this line only) ▶	

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

13020511911

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7003

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1500.00

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

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

13020511912

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7004

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1200.00
TOTALS This Period (last page in this line only) ▶	

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

13020511913

SCHEDULE C (FEC Form 3)
LOANS

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

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

Transaction ID : SC/10.7005

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

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511914

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7006

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511915

FE5AN018

SCHEDULE C (FEC Form 3)
LOANS

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

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

Transaction ID : SC/10.7007

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

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

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

Mailing Address
P.O. Box 44

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

Original Amount of Loan: 300.00

Cumulative Payment To Date: 0.00

Balance Outstanding at Close of This Period: 300.00

TERMS

Date Incurred: M 12 M / D 28 D / Y 2011 Y

Date Due: M M / D D / Y 12/31/2016 Y

Interest Rate: 0.00 % (apr)

Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 300.00

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

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

FEC Schedule C (Form 3) (Revised 02/2003)

FE5AN018

13020511916

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7042

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

Mailing Address
P.O. Box 44

City
Waimanalo

State
HI

ZIP Code
96795

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

Original Amount of Loan: 400.00

Cumulative Payment To Date: 0.00

Balance Outstanding at Close of This Period: 400.00

TERMS

Date Incurred: 01 / 04 / 2012

Date Due: 12/31/16

Interest Rate: 0.00 % (apr)

Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)..............................

TOTALS This Period (last page in this line only).............................. ▶ 400.00

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

SSAN018

11020111017

SCHEDULE C (FEC Form 3)
LOANS

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

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

Transaction ID : SC/10.7043

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

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

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

Mailing Address
P.O. Box 44

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

Original Amount of Loan: 800.00

Cumulative Payment To Date: 0.00

Balance Outstanding at Close of This Period: 800.00

TERMS

Date Incurred: 01 / 20 / 2012

Date Due: / / 12/31/16

Interest Rate: 0.00 % (apr)

Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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

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

FEC Schedule C (Form 3) (Revised 02/2003)

FE5AN018

13020511918

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7044

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

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

Mailing Address
P.O. Box 44

City | State | ZIP Code
Waimanalo | HI | 96795

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

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶ 680.00

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

FE5AN018

22051191

SCHEDULE C (FEC Form 3)
LOANS

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

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

Transaction ID : SC/10.7045

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

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	650.00
TOTALS This Period (last page in this line only) ▶	

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

13020511920

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7046

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	3200.00
TOTALS This Period (last page in this line only) ▶	

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

13020511921

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7047

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	836.00
TOTALS This Period (last page in this line only) ▶	

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

13020511922

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7083

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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

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

13020511923

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7084

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1695.00
TOTALS This Period (last page in this line only) ▶	

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

13020511924

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7085

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	700.00
TOTALS This Period (last page in this line only) ▶	

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

13020511925

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7116

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 800.00

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

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

13020511926

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7117

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	3470.00
TOTALS This Period (last page in this line only) ▶	

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

13020511927

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7118

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 700.00

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

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

13020511928

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7147

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
10 / 02 / 2012	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511929

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7148

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only) ▶	

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

13020511930

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7149

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1500.00

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

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

13020511931

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7150

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 16500.00

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

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

13020511932

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7197

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	2000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511933

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7198

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1600.00

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

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

13020511934

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7199

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511935

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7200

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511936

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7203

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

13020511937

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7204

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 27 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1100.00
TOTALS This Period (last page in this line only) ▶	

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

13020511938

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7250

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

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

Mailing Address
P.O. Box 44

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 08 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 750.00

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

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

13020511939

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7251

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 25 / 2013	/ / 12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 300.00

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

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

13020511940

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7252

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	700.00
TOTALS This Period (last page in this line only) ▶	

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

13020511941

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7253

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 12 / 2013	12/31/16	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	2000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511942

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7299

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

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

Mailing Address
P.O. Box 44

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 08 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2500.00

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

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

13020511943

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7301

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured
07 / 29 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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

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

13020511944

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7302

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

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

Mailing Address
P.O. Box 44

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

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

TERMS

Date Incurred (M/D/Y)	Date Due (M/D/Y)	Interest Rate	Secured:
08/23/2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶	2100.00
TOTALS This Period (last page in this line only) ▶	

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

13020511945

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7303

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

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

Mailing Address
P.O. Box 44

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1150.00	0.00	1150.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
09 / 09 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1150.00
TOTALS This Period (last page in this line only) ▶	

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

13020511946

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7304

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

Mailing Address
P.O. Box 44

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

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

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured
09 / 27 / 2013	12/31/16	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	700.00
TOTALS This Period (last page in this line only) ▶	

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

13020511947

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6233

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

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

Mailing Address
41-530 Waikupanaha Street

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2100.00

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

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

13020511948

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6248

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

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

Mailing Address
41-530 Waikupanaha Street

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6190.04	6190.04	0.00

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	0.00
TOTALS This Period (last page in this line only) ▶	

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

13020511949

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6300

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

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

Mailing Address
41-530 Waikupanaha Street

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1870.36
TOTALS This Period (last page in this line only) ▶	

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

13020511950

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6758

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

Mailing Address
41-530 Waikupanaha Street

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	338.93
TOTALS This Period (last page in this line only) ▶	

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

13020511951

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6727

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

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

Mailing Address
41-530 Waikupanaha Street

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
392.33	201.43	190.90

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	190.90
TOTALS This Period (last page in this line only) ▶	

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

13020511952

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6235

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

Mailing Address
41-530 Waikupanaha Street

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	4500.00
TOTALS This Period (last page in this line only) ▶	

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

13020511952

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6237

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

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

Mailing Address
41-530 Waikupanaha Street

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

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

13020511954

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6249

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

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

Mailing Address
41-530 Waikupanaha Street

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19082.79	18895.82	186.97

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	186.97
TOTALS This Period (last page in this line only) ▶	

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

13020511955

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6301

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

Mailing Address
41-530 Waikupanaha Street

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

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	2416.77
TOTALS This Period (last page in this line only) ▶	

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

13020511956

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6751

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

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

Mailing Address
41-530 Waikupanaha Street

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

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	7.70
TOTALS This Period (last page in this line only) ▶	

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

13020511957

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6759

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

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

Mailing Address
41-530 Waikupanaha Street

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1596.11
TOTALS This Period (last page in this line only) ▶	

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

13020511958

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6250

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

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

Mailing Address
41-530 Waikupanaha Street

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3562.86	2148.37	1414.49

TERMS

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

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

1. Full Name (Last, First, Middle Initial) — 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) ▶	1414.49
TOTALS This Period (last page in this line only) ▶	

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

13020511959

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.6306

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

Mailing Address
41-530 Waikupanaha Street

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

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶	112.30
TOTALS This Period (last page in this line only) ▶	

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

13020511960

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : SC/10.7195

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

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

Mailing Address
41-530 Waikupanaha Street

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21595.75	5919.46	15676.29

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	15676.29
TOTALS This Period (last page in this line only) ▶	103731.77

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

13020511961

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

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

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

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

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

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

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

Transaction ID : SD10.4604

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
31652.90	0.00	0.00	31652.90

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

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

Nature of Debt (Purpose): Saturday GOTV call

Transaction ID : SD10.4606

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2694.36	0.00	0.00	2694.36

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

Mailing Address 13800 Coppermine Road

City Herndon | State VA | Zip Code 20171

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

Transaction ID : SD10.4607

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
10557.75	0.00	0.00	10557.75

1) **SUBTOTALS** This Period This Page (optional) ▶	44905.01
2) **TOTALS** This Period (last page this line number only) ▶	44905.01
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	103731.77
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	148636.78

13020511962

FE5AN018

FedEx Express **NEW Package US Airbill**

FedEx Tracking Number 8032 5572 1868

Form No. 0200

Recipient's Copy

United States Senate Post Office

INSPECTION

1 From: Date 10/14/2013 [redacted]

Sender's Name Phil Uyehara Phone 808 341-7391

Address 2562 PETER ST Dept/Floor/Suite/Room

City Honolulu State HI ZIP 96816

2 Your Internal Billing Reference

3 To: Recipient's Name SECRETARY OF THE SENATE Phone

Company OFFICE OF PUBLIC RECORDS

Address 232 HART SENATE OFC BLDG Dept/Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

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

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

Use this line for the HOLD location address or for continuation of your shipping address.

City WASHINGTON State DC ZIP 20510-7116

Senate Post Office OCT 17 2013

OCT 17 — Screened by Senate Post Office

8032 5572 1868

4 Express Package Service *To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

Next Business Day

- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [x] FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

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

5 Packaging *Declared value limit $500.

- [x] FedEx Envelope*
- [ ] FedEx Pak*
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling and Delivery Signature Options

- [ ] SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- [ ] No Signature Required — Package may be left without obtaining a signature for delivery.
- [x] Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.
- [ ] Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

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

- [x] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required.
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

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

- [ ] Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. [ ]

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [ ] Recipient
- [ ] Third Party
- [x] Credit Card
- [ ] Cash/Check

[redacted]

Total Packages ____ Total Weight ____ lbs. Credit Card Auth. [redacted]

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

644

fedex.com 1.800.GoFedEx 1.800.463.3339

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