Bowen Hunsaker & Company

Certified Public Accountants
A Professional Corporation

January 30, 1998

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

RE: FEC Best Efforts Provisions

On behalf of Quentin Kawananakoa, we have used our best efforts to obtain, maintain and submit the required information pertaining to donors who have contributed more than $200.00 in a calendar year. Attached are the forms we have used to acquire this information. When this information becomes available to us, we will file an amended report per 11 C.F.R. 104.7(b)(4).

Sincerely,

Mark D. Hunsaker
Treasurer

Enclosure

Honolulu: Makai Tower, Suite 2020, 733 Bishop Street, Honolulu, Hawaii 96813, Telephone (808) 526-2020, Fax (808) 526-2021
American Samoa: PO Box 326, Pago Pago, American Samoa 96799, Telephone (684) 633-5115, Fax (684) 633-4006

Kawananakoa Can Win! Please Contribute!

Yes, Quentin, I want to help you win. My contribution is:

○ $25 ○ $50 ○ $100 ○ $250 ○ $500 ○ $1000 ○ $_____ Please make checks payable to "Elect Kawananakoa"

VISA / MasterCard #:_____ Cardholder's Name:_____

Signature:_____ Expiration Date:_____

Name: David P. Carey III Phone (w):_____ Phone (h):_____

Address: 3701 C Diamond Head Rd City: Honolulu State: HI Zip: 96816

Occupation:* chief exec. officer Employer:* Outrigger Hotels

PLEASE SEND ME MORE INFORMATION: YES / NO

I WOULD LIKE TO VOLUNTEER: YES / NO

Elect QUENTIN KOHIO **Kawananakoa**

Leadership For Today's Hawaii.

Paid for by Elect Kawananakoa P.O. Box 1319, Honolulu, HI 96807

All contributions are not tax deductible. * "Federal Election Commission Rules require that we request this information.

January 30, 1998

«First_Name» «Last_Name»
«Address1»
«Address2»
«City» «State» «Zip»

Dear «First_Name» «Last_Name»:

On behalf of Quentin Kawananakoa, our most sincere thanks for your generous contribution. The commitment you have made will have a direct bearing on the success of our campaign.

The strict regulations of the Federal Election Commission require that all campaigns obtain and report the address, occupation and employer of everyone who contributes over $200.00. We would be grateful if you would please complete the attached form and return it to us as soon as possible in the enclosed envelope. To expedite this process, you may also fax the enclosed form to us at (808) 531-9049.

We appreciate your kind assistance in this matter, which permits us to comply with all federal campaign finance requirements.

Thank you again for your generosity and support. Please do not hesitate to contact us at (808) 586-8530 should you have any questions regarding this request.

Sincerely,

MARK HUNSAKER
Treasurer

Enclosure

FORM FOR EMPLOYER / OCCUPATION INFORMATION

The Elect Kawananakoa Committee received a («Amount») contribution on «Date_of_Receipt» from:

NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

EMPLOYER:

OCCUPATION:

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Elect Quentin Kuhio Kawananakoa

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. Box 1319

CITY, STATE and ZIP CODE — STATE/DISTRICT
Honolulu, Hawaii 96807 — Hawaii

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 11 32 AM '98

2. FEC IDENTIFICATION NUMBER
C00329573

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☒ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)
- ☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- ☐ 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- ☐ Termination Report

This report contains activity for: ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period 7/1/97 through 12/31/97

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	$149,286.12	$149,286.12
	(b) Total Contribution Refunds (from Line 20(d))		
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$149,286.12	$149,286.12
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$ 24,854.38	$ 24,854.38
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$ 24,854.38	$ 24,854.38
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$124,431.74	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 3,647.97	

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

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

Type or Print Name of Treasurer
Mark D. Hunsaker

Signature of Treasurer
Mark D. Hunsaker

Date
1-28-98

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

FEC FORM 3
(revised 4/97)

FE5AN098

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full): Elect Kawananakoa

Report Covering the Period: From: 7/1/97 To: 12/31/97

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	$125,600.00		11(a)(i)
(ii) Unitemized	17,738.15		11(a)(ii)
(iii) Total of contributions from individuals	$143,338.15	$143,338.15	11(a)(iii)
(b) Political Party Committees	2,150.00	2,150.00	11(b)
(c) Other Political Committees (such as PACs)	150.00	150.00	11(c)
(d) The Candidate	3,647.97	3,647.97	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	$149,286.12	$149,286.12	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	$0.00	$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	$0.00	$0.00	13(a)
(b) All Other Loans	$0.00	$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	$0.00	$0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	$0.00	$0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$0.00	$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	$149,286.12	$149,286.12	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	$ 24,854.38	$ 24,854.38	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	$0.00	$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	$0.00	$0.00	19(a)
(b) Of All Other Loans	$0.00	$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	$0.00	$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	$0.00	$0.00	20(a)
(b) Political Party Committees	$0.00	$0.00	20(b)
(c) Other Political Committees (such as PACs)	$0.00	$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	$0.00	$0.00	20(d)
21. OTHER DISBURSEMENTS	$0.00	$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	$ 24,854.38	$ 24,854.38	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 0.00	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 149,286.12	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 149,286.12	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 24,854.38	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 124,431.74	27

FE5AN098

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Leonard F. Alcantara 217 Prospect St. Ste. M6 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $1,000.00	5/22/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Georgina G. Allred 7778 Boca Raton Dr. Las Vegas NV 89113 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $500.00	10/28/97	$500.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Martin Anderson P.O. Box 3196 Honolulu HI 96801 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $1,000.00	5/22/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary H. Arizala 94-089 Waipahu St. Waipahu HI 96797 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $250.00	6/18/97	$250.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
P. Pasha Baker P.O. Box 3919 Honolulu HI 96812-3919 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $300.00	6/18/97	$200.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
P. Pasha Baker P.O. Box 3919 Honolulu HI 96812-3919 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $300.00	10/30/97	$100.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$128,680.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John C. Baldwin 1178 Nakui St. Makawao HI 96768	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $250.00	7/2/97	$250.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clinton Baxter 56 Robinson Ln. Honolulu HI 96817	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	9/8/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clinton Baxter 56 Robinson Ln. Honolulu HI 96817	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	10/30/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William M. Borthwick, Jr. 406 Wylie St. Honolulu HI 96817	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $500.00	6/21/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth K. Bowman 2724 Dow St. Honolulu HI 96817	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	6/25/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth K. Bowman 2724 Dow St. Honolulu HI 96817	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	12/2/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,800.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gladys A. Brandt 1350 Ala Moana Blvd. PH 6 Honolulu HI 96814 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $1,000.00	6/5/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
WM. Frank Brandt 1001 Bishop St. Pacific Twr., Ste. 650 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $500.00	5/22/97	$500.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roy R. Bright 946 Hunakai St. Honolulu HI 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $200.00	6/25/97	$200.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William W. H. Brown Information Requested Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $1,000.00	7/1/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
C. R. Budge 260 Waiupe Cir. Honolulu HI 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $500.00	9/3/97	$500.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
E. W. Burkland 1434 Punahou St. Ste. 330 Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $700.00	6/25/97	$200.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,690.00

SCHEDULE A **ITEMIZED RECEIPT**

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FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. W. Burkland 1434 Punahou St. Ste. 330 Honolulu HI 96822	Best Efforts Occupation: Best Efforts	10/16/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $750.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. David P. Carey III 3701 C Diamond Head Rd. Honolulu HI 96816	Outrigger Hotels Occupation: Chief Exec. Officer	7/1/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. David P. Carey III 3701 C Diamond Head Rd. Honolulu HI 96816	Outrigger Hotels Occupation: Chief Exec. Officer	12/11/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernest F. Carlborn 80 Sand Island Access Rd. Honolulu HI 96819	Best Efforts Occupation: Best Efforts	12/11/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel H. Case 2040 Ahualani Pl. Honolulu HI 96822	Best Efforts Occupation: Best Efforts	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel H. Case 2040 Ahualani Pl. Honolulu HI 96822	Best Efforts Occupation: Best Efforts	12/11/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benjamin B. Cassiday, Jr. 5621 Kalanianaole Hwy. Honolulu HI 96821	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $500.00	7/17/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Chandler Information Requested	Occupation: Retired Aggregate Year-to-Date: $300.00	5/27/97	$300.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron M. Chaney 1434 Punahou St. Ste. 924 Honolulu HI 96822-4736	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $300.00	8/25/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron M. Chaney 1434 Punahou St. Ste. 924 Honolulu HI 96822-4735	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $300.00	10/16/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. G. Chillingworth 2120 Pualii Pl. Honolulu HI 96822-2053	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,000.00	12/18/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Ching Wo 940 15th Ave. Honolulu HI 96816	Occupation: Homemaker Aggregate Year-to-Date: $1,000.00	12/15/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$126,600.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Ching Wo 1314 S. King St. Ste. 524 Honolulu HI 96814	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $400.00	12/11/97	$400.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond W. L. Chung 2985 Kalawao St. Honolulu HI 96822	Occupation: Retired Aggregate Year-to-Date: $325.00	6/27/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond W. L. Chung 2985 Kalawao St. Honolulu HI 96822	Occupation: Retired Aggregate Year-to-Date: $325.00	10/28/97	$125.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clinton R. Churchill 1001 Kamokila Blvd. Kapolei HI 96707	Campbell Estate Occupation: Trustee Aggregate Year-to-Date: $1,000.00	6/26/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alice K. Coakley 16035 Greenwood Rd. Monte Sereno CA 95030	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,000.00	12/16/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce O. Cook 4350 Laakea St. Honolulu HI 96816	Bruce O. Cook Realty Occupation: Real Estate Broker Aggregate Year-to-Date: $200.00	6/25/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$126,609.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean F. Cornuelle 3711 Poka Pl. Honolulu HI 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $200.00	7/6/97	$100.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean F. Cornuelle 3711 Poka Pl. Honolulu HI 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $200.00	10/30/97	$100.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Anthony Crabb 5398 Papai St. Honolulu HI 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $2,000.00	5/20/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Anthony Crabb 5398 Papai St. Honolulu HI 96821 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $2,000.00	12/2/97	$900.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Anthony Crabb 5398 Papai St. Honolulu HI 96821 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $2,000.00	12/2/97	$100.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendy B. Crabb 5398 Papai St. Honolulu HI 96821 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $2,000.00	6/20/97	$1,000.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,800.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendy B. Crabb 5396 Papai St. Honolulu HI 96821	Best Efforts Occupation: Best Efforts	10/28/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendy B. Crabb 5396 Papai St. Honolulu HI 96821	Best Efforts Occupation: Best Efforts	12/2/97	$800.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. F. Damon, Jr. 841 Puao St. Honolulu HI 96816	Damon Key Bocken Leong Kupchak Occupation: Attorney	7/2/97	$75.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $475.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. F. Damon, Jr. 841 Puao St. Honolulu HI 96816	Damon Key Bocken Leong Kupchak Occupation: Attorney	9/25/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $475.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. F. Damon, Jr. 841 Puao St. Honolulu HI 96816	Damon Key Bocken Leong Kupchak Occupation: Attorney	10/30/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $475.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. F. Damon, Jr. 841 Puao St. Honolulu HI 96816	Damon Key Bocken Leong Kupchak Occupation: Attorney	12/30/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $475.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (in Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Debold 1504 Ihilea Lp. Honolulu HI 96821	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,200.00	10/28/97	$200.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Debold 1504 Ihilea Lp. Honolulu HI 96821	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,200.00	12/18/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Dew 36 Palimalu Dr. Honolulu HI 96817	Conley Dew Occupation: Realtor Aggregate Year-to-Date: $200.00	5/20/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean A. Eyre, Jr. 378 Wailupe Cir. Honolulu HI 96821	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	7/17/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean A. Eyre, Jr. 378 Wailupe Cir. Honolulu HI 96821	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	10/16/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maria L. Fasone 554 Auwina St. Kailua HI 96734	One Fas Lube Occupation: Chairman of the Board/Exec. V.P. Aggregate Year-to-Date: $2,000.00	12/11/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maria L. Fasone 554 Auwina St. Kailua HI 96734	One Fas Lube Occupation: Chairman of the Board/Exec. V.P.	12/11/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia B. Foster 4129 Black Point Rd. Honolulu HI 96816	Best Efforts Occupation: Best Efforts	5/27/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia B. Foster 4129 Black Point Rd. Honolulu HI 96816	Best Efforts Occupation: Best Efforts	12/11/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Milton S. Fujino 45-514 Kolani Pl. Kaneohe HI 96744	Best Efforts Occupation: Best Efforts	5/22/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester H. Gamble P.O. Box 9016 Kekaiakaua HI 96750	Best Efforts Occupation: Best Efforts	6/25/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James F. Gary 130 Merchant St. Ste. 1080 Honolulu HI 96813	Best Efforts Occupation: Best Efforts	6/25/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,000.00

SCHEDULE A — ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (in Full): ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gwendolyn D. Gomes 841 Bishop St. Ste. 203 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $500.00	5/20/97	$500.00
John A. Gomes 841 Bishop St. Ste. 203 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $500.00	5/20/97	$500.00
Darrell S. K. Goo P.O. Box 1527 Kailua HI 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	5/23/97	$200.00
Marilyn M. Goss 4952 Kahala Ave. Honolulu HI 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $300.00	6/25/97	$100.00
Marilyn M. Goss 4952 Kahala Ave. Honolulu HI 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $300.00	10/16/97	$200.00
K.L. Goth 1994 Alaalea St. Honolulu HI 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $500.00	5/20/97	$500.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (I)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J.S. Gray 3022 La Pietra Cir. Honolulu HI 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Best Efforts / Best Efforts Aggregate Year-to-Date $200.00	5/20/97	$100.00
J.S. Gray 3022 La Pietra Cir. Honolulu HI 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Best Efforts / Best Efforts Aggregate Year-to-Date $200.00	10/16/97	$100.00
James W. Growney HC01 Box 281 Kamuela HI 96743 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Best Efforts / Best Efforts Aggregate Year-to-Date $1,000.00	10/16/97	$1,000.00
Priscilla A. Growney HC01 Box 281 Kamuela HI 96743 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	5/27/97	$1,000.00
Priscilla A. Growney HC01 Box 281 Kamuela HI 96743 Receipt For: ☐ Primary ☑ General ☐ Other (specify) :	Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	5/27/97	$1,000.00
Alice F. Guild 2106 Keeaumoku St. Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Name of Employer / Occupation: Homemaker Aggregate Year-to-Date $200.00	8/27/97	$200.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Earl J. Hanson 46-470 Holoilio St. Kaneohe HI 96744 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $300.00	10/30/97	$300.00
H.H. Harrison, Jr. 94-117 Hokuali'i Ct. Ste. 109 Mililani HI 96789-2585 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $200.00	5/20/97	$100.00
H.H. Harrison, Jr. 94-117 Hokuali'i Ct. Ste. 109 Mililani HI 96789-2585 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $200.00	10/30/97	$100.00
Linda C. Heworth Information Requested Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $250.00	7/30/97	$250.00
Ronald J. Hays 869 Kamoi Pl. Honolulu HI 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Consultant Aggregate Year-to-Date $1,100.00	7/17/97	$500.00
Ronald J. Hays 869 Kamoi Pl. Honolulu HI 96825 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts / Consultant Aggregate Year-to-Date $1,100.00	10/16/97	$100.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (I)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J. Hays 869 Kamai Pl. Honolulu HI 96825	Best Efforts Occupation: Consultant	12/30/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,100.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom L. Hedeen 1630 Lihollho St. Apt. 709 Honolulu HI 96822	M. Dyer & Sons, Inc. Occupation: Sales Representative	6/25/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom L. Hedeen 1630 Lihollho St. Apt. 709 Honolulu HI 96822	M. Dyer & Sons, Inc. Occupation: Sales Representative	10/16/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Heenan 900 Fort St. Mall Ste. 1450 Honolulu HI 96813-3715	The Estate of James Campbell Occupation: Trustee	6/6/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Heenan 900 Fort St. Mall Ste. 1450 Honolulu HI 96813-3715	The Estate of James Campbell Occupation: Trustee	12/11/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nery Heenan 900 Fort St. Mall Ste. 1450 Honolulu HI 96813	Occupation: Homemaker	10/30/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,000.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Heltzman 1330 Ala Moana Blvd. Ste. 908 Honolulu HI 96814 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Walt Homes - Hawaii Occupation: Real Estate Developer Aggregate Year-to-Date: $500.00	6/27/97	$500.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Henderson P.O. Box 655 Hilo HI 96721 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $200.00	6/25/97	$200.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Clifford Y. Hironaka 1760 S. Beretania St. Apt. 8B Honolulu HI 96826 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,000.00	12/11/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward J. Hogan 3946 Fairbreeze Cir. Westlake Village CA 91361 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,000.00	5/22/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn J. Hogan 3946 Fairbreeze Cir. Westlake Village CA 91361 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,000.00	5/22/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mutsumi H. Howard 2322 Manoa Rd. Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $500.00	7/30/97	$500.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 OF 39
	FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (in Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claire K. Hughes 1926 Awapuhi St. Honolulu HI 96822	Dept. of Health/State of Hawaii Occupation: Chief of Nutrition	12/2/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $500.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. Wayne Hughes, Jr. 23111 Mariposa De Oro Malibu CA 90265	Public Storage Inc. Occupation: Real Estate Agent	5/28/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $500.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwin S. Hulihee 677 Ahua St. Honolulu HI 96819	Royal Contracting Co., Ltd. Occupation: Contractor	5/23/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julia S. Ing 3759 Diamond Head Rd. Honolulu HI 96816-4431	Occupation: Homemaker	12/30/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence M. Johnson P.O. Box 2900 Honolulu HI 96846	Best Efforts Occupation: Best Efforts	5/19/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jared H. Jossem 88 Dowsett Ave. Honolulu HI 96817	Best Efforts Occupation: Best Efforts	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$128,680.80

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melvin Y. Kanashige 4615 Aukai Ave. Honolulu HI 96815-6204	Outrigger Hotels Occupation: Attorney Aggregate Year-to-Date: $1,000.00	7/1/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Kawananakoa 46-482 Hulupala Pl. Kaneohe HI 96744	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $2,200.00	5/21/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Kawananakoa 46-482 Hulupala Pl. Kaneohe HI 96744	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $2,200.00	12/2/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Kawananakoa 46-482 Hulupala Pl. Kaneohe HI 96744	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,000.00	5/21/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pikoi Kawananakoa P.O. Box 390321 Kailua-Kona HI 96739	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $2,000.00	12/2/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pikoi Kawananakoa P.O. Box 390321 Kailua-Kona HI 96739	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $2,000.00	12/2/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,800.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Poomai Kawananakoa 1230 Kainui Dr. Kailua HI 96734	Best Efforts Occupation: Best Efforts	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,100.00		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Poomai Kawananakoa 1230 Kainui Dr. Kailua HI 96734	Best Efforts Occupation: Best Efforts	12/2/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,100.00		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Kelly 1936 Alewa Dr. Honolulu HI 96817	Best Efforts Occupation: Best Efforts	7/2/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $250.00		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Kelly 1936 Alewa Dr. Honolulu HI 96817	Best Efforts Occupation: Best Efforts	10/18/97	$50.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $250.00		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Kelly 1936 Alewa Dr. Honolulu HI 96817	Best Efforts Occupation: Best Efforts	12/2/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $250.00		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alicia Shingle King P.O. Box 741 Kilauea HI 96754	Best Efforts Occupation: Best Efforts	6/10/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,800.00

SCHEDULE A **ITEMIZED RECEIPT**

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary H. King 11 Aalapapa Pl. Kailua HI 96734	Self-employed Occupation: Artist	7/6/97	$200.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $1,200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary H. King 11 Aalapapa Pl. Kailua HI 96734	Self-employed Occupation: Artist	12/30/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alton T. Kukoka 2256 Helekau St. Honolulu HI 96821	Bank of Hawaii Occupation: Banker	6/30/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Lamin "In Kind" P.O. Box 75400 Honolulu HI 96836	Self-employed Occupation: Pianist	12/31/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.G.P. Lemke 4069 Keanu St. Honolulu HI 96816	Best Efforts Occupation: Best Efforts	5/20/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.G.P. Lemke 4069 Keanu St. Honolulu HI 96816	Best Efforts Occupation: Best Efforts	10/30/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$128,600.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laura Anne Leppert 4025 Black Point Rd. Honolulu HI 96816	Occupation: Homemaker	5/22/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas C. Leppert 850 Iwilei Rd. Honolulu HI 96817	Campbell Estate Occupation: Trustee	5/22/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent R. Lighter 229 Pauahilani Pl. Kailua HI 96734	Best Efforts Occupation: Best Efforts	5/19/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent R. Lighter 229 Pauahilani Pl. Kailua HI 96734	Best Efforts Occupation: Best Efforts	12/2/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Muriel C. Lighter 229 Pauahilani Pl. Kailua HI 96734	Best Efforts Occupation: Best Efforts	5/19/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Muriel C. Lighter 229 Pauahilani Pl. Kailua HI 96734	Best Efforts Occupation: Best Efforts	12/2/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,500.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ella Austin Long 3961 Lurline Dr. Honolulu HI 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	6/27/97	$1,000.00
Ella Austin Long 3961 Lurline Dr. Honolulu HI 96816 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	6/27/97	$1,000.00
Full Name, Mailing Address and ZIP Code Kristen A. Loo 23 Acacia Ave. Kentfield CA 94904 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best Efforts Occupation Best Efforts Aggregate Year-to-Date $1,000.00	Date (month, day, year) 6/5/97	Amount of Each Receipt this Period $1,000.00
Full Name, Mailing Address and ZIP Code Madeline C. Lum 1017-L Alewa Dr. Honolulu HI 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best Efforts Occupation Best Efforts Aggregate Year-to-Date $500.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period $500.00
Full Name, Mailing Address and ZIP Code T.S. Lyons III 430 N. Kalaheo Ave. Apt. 8 Kailua HI 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best Efforts Occupation Best Efforts Aggregate Year-to-Date $500.00	Date (month, day, year) 12/2/97	Amount of Each Receipt this Period $500.00
Full Name, Mailing Address and ZIP Code D. K. Makaiwanaka 1150 Hunakai St. Honolulu HI 96816-4513 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best Efforts Occupation Best Efforts Aggregate Year-to-Date $250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period $250.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,800.00

SCHEDULE A

ITEMIZED RECEIPT

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sotera A. Mariano 98-1807 Pili St. Aiea HI 96701 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $200.00	5/27/97	$200.00
K.K. Marignoli 1230 Kainui Dr. Kailua HI 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	12/2/97	$1,000.00
K.K. Marignoli 1230 Kainui Dr. Kailua HI 96734 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	12/2/97	$1,000.00
Benj L. Marx 1434 Punahou St. Ste. 1131 Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $450.00	5/27/97	$100.00
Benj L. Marx 1434 Punahou St. Ste. 1131 Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $450.00	11/4/97	$100.00
Benj L. Marx 1434 Punahou St. Ste. 1131 Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $450.00	12/2/97	$250.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,000.00

SCHEDULE A **ITEMIZED RECEIPT**

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NAME OF COMMITTEE (In Full) ... ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Mason 969 Wilder Ave. Ste. 705 Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $200.00	6/25/97	$200.00
Pamela Lee Mayer 3704 Via Halcon Calabasas CA 91302 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $1,000.00	6/18/97	$1,000.00
P. M. McFaddan 1627 Kamole St. Honolulu HI 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $250.00	6/25/97	$250.00
James P. McGuire, M.D. 1509 Halaloa Dr. Honolulu HI 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $250.00	12/11/97	$250.00
E. C. McSweeney 4515 Park Verona Calabasas CA 91302 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $1,000.00	12/16/97	$1,000.00
Stephen B. Meder 1330 Ala Moana Blvd. Nauru Twr., Ste. 2407 Honolulu HI 96814 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts / $200.00	6/25/97	$100.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen B. Metfer 1330 Ala Moana Blvd. Nauru Twr., Ste. 2407 Honolulu HI 96814	Best Efforts Occupation: Best Efforts	8/27/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Evanita S. Midkiff 4477 Kahala Ave. Honolulu HI 96816	Occupation: Homemaker	6/10/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $300.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Evanita S. Midkiff 4477 Kahala Ave. Honolulu HI 96816	Occupation: Homemaker	10/28/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $300.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert N. Midkiff 4477 Kahala Ave. Honolulu HI 96816	Occupation: Retired	12/30/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wallace S. Miyahira 400 Puamamane St. Honolulu HI 96821	Best Efforts Occupation: Best Efforts	5/23/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis S. Morgan P.O. Box 614 Kamuela HI 96730	Best Efforts Occupation: Best Efforts	12/2/97	$250.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $250.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,000.00

SCHEDULE A **ITEMIZED RECEIPT**

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilmer Cox Morris 1543 Mokutua Dr. Kailua HI 96734	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $200.00	5/30/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh B. Ogburn Information Requested	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $200.00	6/5/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh B. Ogburn Information Requested	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $200.00	12/2/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Oshiro 528 Alakea St. Honolulu HI 96813	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $200.00	12/11/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerrit B. Osborne 1430 Ehupua St. Honolulu HI 96821-1418	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $300.00	7/2/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerrit B. Osborne 1430 Ehupua St. Honolulu HI 96821-1418	Best Efforts Occupation Best Efforts Aggregate Year-to-Date $300.00	10/16/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gerri B. Osborne 1430 Ehupua St. Honolulu HI 96821-1418 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date: $300.00	12/2/97	$100.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gerald M. Pang 3343 Nioloptua Dr. Honolulu HI 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date: $250.00	12/15/97	$250.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James J. Pappas 115 Kena Pl. Honolulu HI 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Ariel Truss Co. / Secretary Aggregate Year-to-Date: $200.00	7/17/97	$200.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Keahi Pelayo "In Kind" 1357 Kapiolani Blvd. Ste. 870 Honolulu HI 96814 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Real Estate Agent Aggregate Year-to-Date: $1,000.00	12/31/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary F. Philpotts 141 Dowsett Ave. Honolulu HI 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Philpotts & Associates / Interior Designer Aggregate Year-to-Date: $1,100.00	10/28/97	$100.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Poepoe 1810 Makit Pl. Pearl City HI 96782 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date: $1,000.00	5/21/97	$1,000.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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NAME OF COMMITTEE (in Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Markus Polhka 800 S. King St. Ste. 300 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $500.00	6/26/97	$500.00
C. Dudley Pratt, Jr. 276 N. Kalaheo Ave. Kailua HI 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $1,000.00	6/26/97	$1,000.00
Steve Rinesmith 737 Bishop St. Ste. 2500 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Case Bigelow & Lombardi / Attorney Aggregate Year-to-Date $200.00	6/18/97	$200.00
Robert K. Robeson 98-715 Iho Pl. Ste. 102 Aiea HI 96701 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $200.00	7/6/97	$200.00
Jean E. Rolles 3087 La Pietra Cir. Honolulu HI 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Outrigger Hotels / VP/Community Relations Aggregate Year-to-Date $1,500.00	7/2/97	$500.00
Jean E. Rolles 3087 La Pietra Cir. Honolulu HI 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Outrigger Hotels / VP/Community Relations Aggregate Year-to-Date $1,500.00	12/2/97	$500.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean E. Rolles 3087 La Pietra Cir. Honolulu HI 96815	Outrigger Hotels Occupation: VP/Community Relations	12/30/97	$500.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $1,500.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim S. Romig 700 Nimitz Hwy. Honolulu HI 96817	Best Efforts Occupation: Best Efforts	6/20/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $500.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Rosso "In Kind" 3041 Hibiscus Dr. Honolulu HI 96815	Best Efforts Occupation: Advertising Executive	12/31/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation: Best Efforts	5/20/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,700.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation: Best Efforts	5/30/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,700.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation: Best Efforts	6/18/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,700.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,500.00

SCHEDULE A

ITEMIZED RECEIPT

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

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FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (in Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation Best Efforts	8/18/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date	$1,700.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation Best Efforts	9/25/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date	$1,700.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation Best Efforts	10/30/97	$200.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date	$1,700.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation Best Efforts	10/30/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date	$1,700.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation Best Efforts	10/30/97	$50.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date	$1,700.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Mott Smith Dr. Honolulu HI 96822	Best Efforts Occupation Best Efforts	12/2/97	$250.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date	$1,700.00	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (in Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight M. Rush 2177 Moit Smith Dr. Honolulu HI 96822	Best Efforts Occupation: Best Efforts	12/11/97	$200.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $1,700.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanne H. Shigekane 4121 Nuuanu Pali Dr. Honolulu HI 96817	Occupation: Homemaker	5/20/97	$500.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $800.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanne H. Shigekane 4121 Nuuanu Pali Dr. Honolulu HI 96817	Occupation: Homemaker	10/28/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $800.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. Shingle 3019 Kalakaua Ave. Honolulu HI 96815	Best Efforts Occupation: Best Efforts	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. Shingle 3019 Kalakaua Ave. Honolulu HI 96815	Best Efforts Occupation: Best Efforts	9/25/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jon S. Shinsid 1504 Alexander St. Ste. 1 Honolulu HI 96822	Best Efforts Occupation: Best Efforts	5/22/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,000.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R.P. Singlehurst 756 Mokapu Rd. Kailua HI 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Grace Pacific Corporation VP Quarring Aggregate Year-to-Date $400.00	5/21/97	$200.00
R.P. Singlehurst 756 Mokapu Rd. Kailua HI 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Grace Pacific Corporation VP Quarring Aggregate Year-to-Date $400.00	12/11/97	$200.00
Linda L. Smith 2650 Pacific Heights Rd. Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Best Efforts Aggregate Year-to-Date $400.00	7/8/97	$150.00
Linda L. Smith 2650 Pacific Heights Rd. Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Best Efforts Aggregate Year-to-Date $400.00	12/2/97	$250.00
Edwin Sorenson 678 Komomalo Dr. Hilo HI 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Best Efforts Aggregate Year-to-Date $1,000.00	5/20/97	$1,000.00
Perry H. Sorenson Information Requested Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Best Efforts Aggregate Year-to-Date $1,000.00	7/1/97	$1,000.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,509.50

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (I)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Y. Sprague, MD 2874 Komala Pl. Honolulu HI 96822-1745	Best Efforts Occupation: Best Efforts	6/25/97 Aggregate Year-to-Date: $200.00	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Y. Sprague, MD 2874 Komala Pl. Honolulu HI 96822-1745	Best Efforts Occupation: Best Efforts	12/2/97 Aggregate Year-to-Date: $200.00	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen M. Stack Box 78 Honolulu HI 96810	Occupation: Retired	5/20/97 Aggregate Year-to-Date: $350.00	$250.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen M. Stack Box 78 Honolulu HI 96810	Occupation: Retired	10/30/97 Aggregate Year-to-Date: $350.00	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marty Steele 2529-A Pali Hwy. Honolulu HI 96817	Occupation: Homemaker	12/2/97 Aggregate Year-to-Date: $2,000.00	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marty Steele 2529-A Pali Hwy. Honolulu HI 96817	Occupation: Homemaker	12/2/97 Aggregate Year-to-Date: $2,000.00	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$126,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.D. Steele 2529-A Pali Hwy. Honolulu HI 96817 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $2,000.00	5/27/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.D. Steele 2529-A Pali Hwy. Honolulu HI 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $2,000.00	5/27/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith J. Steiner 4139 Black Point Rd. Honolulu HI 96819 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $250.00	12/2/97	$250.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. E. Stevens 1010 Wilder Ave. Ste. 1001 Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $400.00	7/17/97	$200.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. E. Stevens 1010 Wilder Ave. Ste. 1001 Honolulu HI 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $400.00	10/15/97	$200.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Stevenson 3939 Noela Pl. Honolulu HI 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $2,000.00	6/23/97	$1,000.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$126,800.00

SCHEDULE A

ITEMIZED RECEIPT

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Stevenson 3939 Noela PL Honolulu HI 96815		12/2/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify) :	Occupation: Retired		
	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louise S. Stevenson 3939 Noela Pl. Honolulu HI 96815		6/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Occupation: Homemaker		
	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louise S. Stevenson 3939 Noela PL Honolulu HI 96815		10/30/97	$500.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify) :	Occupation: Homemaker		
	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louise S. Stevenson 3939 Noela Pl. Honolulu HI 96815		12/2/97	$500.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify) :	Occupation: Homemaker		
	Aggregate Year-to-Date: $2,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris Stoebner 46-477 Holoilo St. Kaneohe HI 96744	Best Efforts	5/21/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Occupation: Best Efforts		
	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George W. Sumner III 3600 Old Pali Rd. Honolulu HI 96817	Pacific Century/Bank of Hawaii	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Occupation: Investment Officer		
	Aggregate Year-to-Date: $1,000.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert K. T. Tam 733 Bishop St. Ste. 170-238 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Best Efforts / Best Efforts Aggregate Year-to-Date $1,000.00	7/17/97	$1,000.00
Full Name, Mailing Address and ZIP Code Alice Y. Tamura 1480 Ala Hahanui St. Honolulu HI 96818 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Name of Employer / Occupation Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	Date (month, day, year) 6/20/97	Amount of Each Receipt this Period $1,000.00
Full Name, Mailing Address and ZIP Code Alice Y. Tamura 1480 Ala Hahanui St. Honolulu HI 96818 Receipt For: ☐ Primary ☑ General ☐ Other (specify) :	Name of Employer / Occupation Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period $1,000.00
Full Name, Mailing Address and ZIP Code Walter M. Tamura 1480 Ala Hahanui St. Honolulu HI 96818 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Name of Employer / Occupation Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	Date (month, day, year) 5/20/97	Amount of Each Receipt this Period $1,000.00
Full Name, Mailing Address and ZIP Code Walter M. Tamura 1480 Ala Hahanui St. Honolulu HI 96818 Receipt For: ☐ Primary ☑ General ☐ Other (specify) :	Name of Employer / Occupation Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period $1,000.00
Full Name, Mailing Address and ZIP Code Richard M. Towill 420 Waiakamilo Rd. Ste. 411 Honolulu HI 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Name of Employer / Occupation Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	Date (month, day, year) 12/15/97	Amount of Each Receipt this Period $1,000.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,000.00

SCHEDULE A

ITEMIZED RECEIPT

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Towill 420 Waiakamilo Rd. Ste. 411 Honolulu HI 96817 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $2,000.00	12/15/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thurston Twigg-Smith P.O. Box 3110 Honolulu HI 96802 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $1,100.00	5/20/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thurston Twigg-Smith P.O. Box 3110 Honolulu HI 96802 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $1,100.00	11/6/97	$100.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lambert K. Wai 3821 Gall St. Honolulu HI 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $300.00	12/2/97	$300.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James E. Walker 251 Lumahai Pl. Honolulu HI 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $300.00	8/25/97	$100.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James E. Walker 251 Lumahai Pl. Honolulu HI 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts / Best Efforts Aggregate Year-to-Date $300.00	10/30/97	$200.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,800.00

SCHEDULE A

ITEMIZED RECEIPT

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

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry A. Walker, Jr. 700 Bishop St. Ste. 1906 Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $1,000.00	7/8/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey N. Watanabe 745 Fort St. Honolulu HI 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Watanbe Ing & Kawashima Occupation: Attorney Aggregate Year-to-Date: $1,000.00	12/15/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Captain R. A. White 1540 S. King St. Honolulu HI 96826-1919 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $300.00	7/30/97	$300.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G.J. Ulloa Willard 280 Ponahawai St. Hilo HI 96720 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Hoowaiwai Farms Occupation: Farmer Aggregate Year-to-Date: $2,000.00	12/11/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G.J. Ulloa Willard 280 Ponahawai St. Hilo HI 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Hoowaiwai Farms Occupation: Farmer Aggregate Year-to-Date: $2,000.00	12/11/97	$1,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael L. Wilson 3140 Uaboa St. Honolulu HI 96819 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Efforts Occupation: Best Efforts Aggregate Year-to-Date: $500.00	5/30/97	$500.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$126,650.00

SCHEDULE A **ITEMIZED RECEIPT**

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FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert William Wo 130 Dowsett Ave. Honolulu HI 96817	C.S. Wo Occupation: Manager/Sales	12/15/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Colene S. Wong 44-443 Kaneohe Bay Dr. Kaneohe HI 96744	Occupation: Retired	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry H. Wong 44-443 Kaneohe Bay Dr. Kaneohe HI 96744	Occupation: Retired	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore K. T. Wong 1418 Kamole Pl. Honolulu HI 96821	Best Efforts Occupation: Best Efforts	5/20/97	$200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Worrall, Jr. 929 Keelaolu Pl. Honolulu HI 96816	Occupation: Retired	7/30/97	$50.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Worrall, Jr. 929 Keelaolu Pl. Honolulu HI 96816	Occupation: Retired	10/30/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify) :	Aggregate Year-to-Date $200.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,699.00

SCHEDULE A **ITEMIZED RECEIPT**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 39 OF 39
	FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph N. Worrell, Jr. 929 Kealaolu Pl. Honolulu HI 96816	Occupation: Retired	12/2/97	$50.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine Y. Yoshida 1315 Ala Napunani St. Honolulu HI 96818	Dept. of the Army Occupation: Computer Assistant	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen K. Yoshida 1315 Ala Napunani St. Honolulu HI 96818	Grace Pacific Corporation Occupation: Manager	5/20/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $1,000.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$125,600.00

SCHEDULE A **ITEMIZED RECEIPT**

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

FOR LINE NUMBER 11b

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NAME OF COMMITTEE (In Full) ELECT_KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hawaii State Teachers Association 2629 Paa St. Ste. 2050 Honolulu HI 96819	Occupation	6/29/97	$50.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $50.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Special Political Educational Committee P.O. Box 2900 Honolulu HI 96846	Occupation	6/27/97	$1,000.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date $2,500.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Special Political Educational Committee P.O. Box 2900 Honolulu HI 96846	Occupation	6/27/97	$1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $2,500.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Texaco Political Involvement Committee of Hawaii Information Requested	Occupation	5/23/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $100.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$2,150.00

SCHEDULE A **TOTAL RECEIPTS FOR PAC**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CPB PAC-State c/o Central Pacific Bank 220 S. King St. Honolulu HI 96813	Occupation	5/27/97	$50.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $50.00		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hawaii Citizens Rights Political Action Committee P.O. Box 1175 Honolulu HI 96807	Occupation	10/28/97	$100.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $100.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$150.00

SCHEDULE A **ITEMIZED RECEIPT**

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

PAGE 1 OF 1

FOR LINE NUMBER 11d

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Quentin K. Kawananakoa 733 Bishop St. Ste. 2020 Honolulu HI 96813 "In Kind"	State of Hawaii Occupation State Representative	12/31/97	$3,647.97 To be reimbursed

Receipt For: ☑ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date $3,647.97

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$3,647.97

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER
MEMO ONLY

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NAME OF COMMITTEE (In Full)
ELECT QUENTIN KUHIO KAWANANAKOA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK D. HUNSAKER 733 BISHOP STREET, SUITE 2020 HONOLULU, HAWAII 96813	BOWEN HUNSAKER & CO. CERTIFIED PUBLIC ACCOUNTANTS	DAILY FR. 7/1/97 THRU 12/31/97	34,500
Receipt For: [X] Primary [ ] General [ ] Other (specify): EXEMPT ACCOUNTING SERVICES	Occupation: CPA	Aggregate Year-to-Date > $	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) ..... EXEMPT ACCOUNTING SERVICES 34,500

FE8AN144

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full) ELECT KAWANANAKOA

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bruce Black 2957 Kalakaua Ave., #401 Honolulu, HI. 96815	Reimbursement for Party Supplies Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/27/97 12/2/97 10/27/97	$ 204.70 $ 252.00 $ 24.00
B. Full Name, Mailing Address and ZIP Code Carolyn Machado 1312 18th St., N.W. 4th Floor Washington, D.C. 20036	Purpose of Disbursement Washington Representation Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 11/11/97	Amount of Each Disbursement This Period $ 2,004.78
C. Full Name, Mailing Address and ZIP Code The Catering Experience 1765 S. King Street Honolulu, HI. 96826	Purpose of Disbursement Catering for 10/26/97 Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/27/97	Amount of Each Disbursement This Period $ 1,481.24
D. Full Name, Mailing Address and ZIP Code GTE Hawaiian Tel P.O. Box 360048 Honolulu, HI. 96836-0048	Purpose of Disbursement Telephone Service Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 7/30/97 9/29/97 10/20/97	Amount of Each Disbursement This Period $ 30.45 $ 61.62 $ 30.81
E. Full Name, Mailing Address and ZIP Code GTE Hawaiian Tel P.O. Box 360048 Honolulu, HI. 96836-0048	Purpose of Disbursement Telephone Service Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 11/10/97 12/2/97 12/2/97	Amount of Each Disbursement This Period $ 119.15 $ 191.97 $ 166.75
F. Full Name, Mailing Address and ZIP Code Hiraaki Nakagawa Design 76 N. King St., Ste. 204 Honolulu, HI. 96817	Purpose of Disbursement Printing Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 11/6/97 10/27/97	Amount of Each Disbursement This Period $ 716.66 $ 511.04
G. Full Name, Mailing Address and ZIP Code John Harris 3014 Loomis Street Honolulu, HI. 96822	Purpose of Disbursement Reimbursement for Computer/Scheduler Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period $ 520.82
H. Full Name, Mailing Address and ZIP Code Kaimana Ventures 23 S. Vineyard Blvd., Ste. 302 Honolulu, HI. 96813	Purpose of Disbursement October, November and December Rent Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/20/97 11/10/97 12/2/97	Amount of Each Disbursement This Period $ 839.17 $ 968.34 $ 1,016.76
I. Full Name, Mailing Address and ZIP Code Kashi Pelayo 1357 Kapiolani Blvd., Ste. 570 Honolulu, HI. 96813	Purpose of Disbursement Office Deposit Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/3/97	Amount of Each Disbursement This Period $ 236.00
SUBTOTAL of Receipts This Page (optional)			$9,176.26
TOTAL This Period (last page this line number only)			

SCHEDULE B ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full) ELECT KAWANANAKOA

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Full Name, Mailing Address and ZIP Code Service Printers 1829 Dillingham Blvd. Honolulu, HI. 96819-4020	Stationary Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/27/97	$ 4,143.49
K. Full Name, Mailing Address and ZIP Code Stewart Kawakami 48-045 Hoala Street Kaneohe, HI. 96744	Purpose of Disbursement Musicians for 10/26/97 Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 11/6/97	Amount of Each Disbursement This Period $ 300.00
L. Full Name, Mailing Address and ZIP Code Todd Shigekane 4121 Nuuanu Pali Drive Honolulu, HI. 96817	Purpose of Disbursement NRCC Travel Expenses Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/27/97 10/27/97	Amount of Each Disbursement This Period $ 168.50 $ 899.34
M. Full Name, Mailing Address and ZIP Code US Postmaster Downtown Station Honolulu, HI. 96813	Purpose of Disbursement Postage Bulk Permit Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 7/30/97 11/5/97	Amount of Each Disbursement This Period $ 32.00 $ 2,500.00
N. Full Name, Mailing Address and ZIP Code Quentin Kawananakoa 733 Bishop St., Ste. 2020 Honolulu, HI. 96813	Purpose of Disbursement Washington Trip Airfare Washington Trip Airfare Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 9/21/97 10/1/97	Amount of Each Disbursement This Period $ 1,009.00 $ 121.07
O. Full Name, Mailing Address and ZIP Code Quentin Kawananakoa 733 Bishop St., Ste. 2020 Honolulu, HI. 96813	Purpose of Disbursement Washington Trip Taxi Cabs Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 9/22/97 9/23/97 9/24/97 9/25/97	Amount of Each Disbursement This Period $ 43.50 $ 35.50 $ 42.50 $ 44.00
P. Full Name, Mailing Address and ZIP Code Quentin Kawananakoa 733 Bishop St., Ste. 2020 Honolulu, HI. 96813	Purpose of Disbursement Washington Trip Taxi Cabs Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 9/26/97 9/29/97 9/30/97	Amount of Each Disbursement This Period $ 10.00 $ 8.00 $ 19.00
Q. Full Name, Mailing Address and ZIP Code Quentin Kawananakoa 733 Bishop St., Ste. 2020 Honolulu, HI. 96813	Purpose of Disbursement Washington Trip The Capitol Hilton Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 9/22/97	Amount of Each Disbursement This Period $ 1,610.32
R. Full Name, Mailing Address and ZIP Code Quentin Kawananakoa 733 Bishop St., Ste. 2020 Honolulu, HI. 96813	Purpose of Disbursement Washington Trip Capitol Hill Suites Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 9/26/97	Amount of Each Disbursement This Period $ 596.08
SUBTOTAL of Receipts This Page (optional)			$11,582.30
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 OF 9
	FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full) ELECT KAWANANAKOA

S. Full Name, Mailing Address and ZIP Code Quentin Kawananakoa 733 Bishop St., Ste. 2020 Honolulu, HI. 96813	Purpose of Disbursement Washington Trip Parking Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 9/30/97	Amount of Each Disbursement This Period $ 9.00
T. Full Name, Mailing Address and ZIP Code Quentin Kawananakoa 733 Bishop St., Ste. 2020 Honolulu, HI. 96813	Purpose of Disbursement Washington Trip Kinko's Printing Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 9/27/97	Amount of Each Disbursement This Period $ 100.00
U. Full Name, Mailing Address and ZIP Code Kashi Pelayo 1357 Kapiolani Blvd., Ste. 870 Honolulu, HI. 96813	Purpose of Disbursement Contribution In Kind Strategic Planning Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 12/31/97	Amount of Each Disbursement This Period $ 1,000.00
V. Full Name, Mailing Address and ZIP Code Jay Larin P.O. Box 75400 Honolulu, HI. 96836	Purpose of Disbursement Contribution In Kind Piano Playing Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 12/31/97	Amount of Each Disbursement This Period $ 1,000.00
W. Full Name, Mailing Address and ZIP Code Eric Rosso 3041 Hibiscus Drive Honolulu, HI. 96815	Purpose of Disbursement Contribution In Kind Advertising Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 12/31/97	Amount of Each Disbursement This Period $ 1,000.00
X. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Y. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Z. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
AA. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Receipts This Page (optional)			$3,109.00
TOTAL This Period (last page this line number only)			$23,867.56

SCHEDULE D
(Revised 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
ELECT QUENTIN KUHIO KAWANANAKOA				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor QUENTIN KUHIO KAWANANAKOA 733 BISHOP STREET, SUITE 2020 HONOLULU, HI 96813	-0-	3,647.97	-0-	3,647.97
Nature of Debt (Purpose): TRAVEL EXPENSES-NRCC				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	3,647.97
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	3,647.97

FE8AN144

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 11/30/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PLY — PREPARER

12/3/98 — DATE PREPARED

(7/97)