

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
HAWAII REPUBLICAN PARTY

ADDRESS (number and street) 725 Kapiolani Blvd., #C-105  
 Check if different than previously reported. (ACC)  
HONOLULU HI 96813

2. **FEC IDENTIFICATION NUMBER** C00085506  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2007 through 10 31 2007

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 Katherine Thomason

Signature of Treasurer Electronically Filed by Katherine Thomason Date 10 13 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HAWAII REPUBLICAN PARTY

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		100716.64
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	239593.74									
(c) Total Receipts (from Line 19) .....	113481.61	719839.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	353075.35	820556.58								
7. Total Disbursements (from Line 31) .....	59646.77	527128.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	293428.58	293428.58								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
HAWAII REPUBLICAN PARTY

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	106205.00	530653.50
(i) Itemized (use Schedule A) .....	7206.50	125557.50
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	113411.50	656211.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	113411.50	656211.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	14083.62
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	70.11	269.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	49276.15
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	49276.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	113481.61	719839.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	113481.61	670563.79

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	17621.49
(ii) Non-Federal Share.....	0.00	45312.44
(b) Other Federal Operating Expenditures.....	59646.77	464194.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59646.77	527128.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	59646.77	527128.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	59646.77	481815.56

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	113411.50	656211.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113411.50	656211.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59646.77	481815.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	14083.62
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59646.77	467731.94

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Gloria Affigne</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 1393 Hoakoa Pl		Transaction ID: SA11A1.59255	
City Honolulu	State HI	Zip Code 96821	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Kahala Associates	Occupation Realtor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ronald Agor</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 3728 Nawiliwili Rd		Transaction ID: SA11A1.59213	
City Lihue	State HI	Zip Code 96766	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Agor Architecture	Occupation Architect		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1176.00		

Full Name (Last, First, Middle Initial) <b>C. Samuel Aguirre</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address PO Box 1055		Transaction ID: SA11A1.59280	
City Aiea	State HI	Zip Code 96701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Reef Development of Hawai- i, Inc.	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Samuel Aguirre</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address PO Box 1055		Transaction ID: SA11A1.59279	
City Aiea	State HI	Amount of Each Receipt this Period 55.00	
Zip Code 96701		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Reef Development of Hawai- i, Inc.	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) <b>B. SAM AIONA</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 757 KINALAU PL #702		Transaction ID: SA11A1.59293	
City HONOLULU	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96813		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Hawaii Republican Party	Occupation Political Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Andres Albano</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 748 Kokomo Pl		Transaction ID: SA11A1.59211	
City Honolulu	State HI	Amount of Each Receipt this Period 1000.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CD Richard	Occupation Real Estate Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Jeanne Anderson

Mailing Address 3869 Owena St

City Honolulu State HI Zip Code 96815

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

Name of Employer Resort Ineriors of Hawaii Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.59238

Amount of Each Receipt this Period  
 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Rodrick Aoki

Mailing Address 300 Rodgers Blvd, 51

City Honolulu State HI Zip Code 96819

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

Name of Employer AVAir Pros Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.59198

Amount of Each Receipt this Period  
 2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Vicente Aquino

Mailing Address PO Box 10382

City Honolulu State HI Zip Code 96816

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

Name of Employer State of Hawaii Occupation Labor Appeals Board Member

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.59240

Amount of Each Receipt this Period  
 250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Violeta Arnobit		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 789 Puuikena Dr		Transaction ID: SA11A1.59206
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1835.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mitsugi Aruga		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1441 Kapiolani Blvd Ste 206		Transaction ID: SA11A1.59224
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Anbe, Aruga & Ishizu, Architects	Occupation Architect	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Asato		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 1519 Nuuanu Ave 20		Transaction ID: SA11A1.59266
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> P Pasha Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address PO Box 3919		Transaction ID: SA11A1.59282
City Honolulu State HI Zip Code 96812	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy Bannick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 2943 Kalakaua Ave 408		Transaction ID: SA11A1.59228
City Honolulu State HI Zip Code 96815	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Employed Occupation Free-Lance Writer	Aggregate Year-to-Date ▼ 875.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Emily Baptiste		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 7911 Makaoa Pl		Transaction ID: SA11A1.59195
City Honolulu State HI Zip Code 96825	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer HMAA Occupation Owner	Aggregate Year-to-Date ▼ 2900.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Clinton Basler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 56 Robinson Lane		Transaction ID: SA11A1.59275	
City Honolulu	State HI	Zip Code 96817	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gae Bergquist Trommald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 44-666 Kuono Pl		Transaction ID: SA11A1.59242	
City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Communications Pacific	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Brian Bowers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 119 Onekea Dr		Transaction ID: SA11A1.59184	
City Kailua	State HI	Zip Code 96734	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer KFC Engineering Management	Occupation Engineer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Steven Bretschneider</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 725 Kapiolani Blvd 2702		Transaction ID: SA11A1.59269	
City Honolulu	State HI	Zip Code 96813	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Deep SeaWater International	Occupation Marketing	Aggregate Year-to-Date ▼ 426.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. George Brogan</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 948 Iwi St		Transaction ID: SA11A1.59189	
City Honolulu	State HI	Zip Code 96816	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Northstar Alliance Inc.	Occupation Director	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michael Carr</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 717 Olohena St		Transaction ID: SA11A1.59249	
City Honolulu	State HI	Zip Code 96825	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Stanford Carr</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1100 Alakea Street, 27th Floor		<b>Transaction ID: SA11A1.59183</b>	
City State Zip Code Honolulu HI 96813		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Stanford Carr Development, LLC President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Fred Chan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 48401 Fremont Blvd		<b>Transaction ID: SA11A1.59182</b>	
City State Zip Code Fremont CA 94538		Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation KC Rainbow Development Co Principal			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Chan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address PO Box 160946		<b>Transaction ID: SA11A1.59231</b>	
City State Zip Code Honolulu HI 96816		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Han Development LLC Director			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 910.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Stephen Choo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 5612 Kalaniana'ole Hwy		Transaction ID: SA11A1.59196	
City Honolulu	State HI	Zip Code 96821	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer AMPCO System Parking	Occupation Manager	Aggregate Year-to-Date ▼ 2740.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Franco Coluccio</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 91-141 Kaiaeloa Blvd		Transaction ID: SA11A1.59227	
City Kapolei	State HI	Zip Code 96707	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Coluccio Construction	Occupation Contractor	Aggregate Year-to-Date ▼ 990.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Weston Correa</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address PO Box 26243		Transaction ID: SA11A1.59290	
City Honolulu	State HI	Zip Code 96825	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Employed	Occupation Trail Guide	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
William Crundall

Mailing Address 1389 Kahoma St

City Lahaina State HI Zip Code 96761

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.59247

Amount of Each Receipt this Period  
 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Harold DeCosta

Mailing Address 132 Maluniu Ave

City Kailua State HI Zip Code 96734

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

Name of Employer State of Hawaii Occupation Deputy Chief Negotiator

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.59274

Amount of Each Receipt this Period  
 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jaime De Jesus

Mailing Address 1638 Kalaniki St

City Honolulu State HI Zip Code 96821

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.59221

Amount of Each Receipt this Period  
 1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Catherine Delosantos</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address PO Box 2503		Transaction ID: SA11A1.59292	
City Kealakekua	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96750		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Sih-Kong Djou</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 3906 Waokanaka St		Transaction ID: SA11A1.59219	
City Honolulu	State HI	Amount of Each Receipt this Period 1000.00	
Zip Code 96817		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer SKD Engineers, Inc.	Occupation Engineer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Medford Dyer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 609 Kaimalino Pl		Transaction ID: SA11A1.59217	
City Kailua	State HI	Amount of Each Receipt this Period 1000.00	
Zip Code 96734		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Lynn Finnegan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 99-195 Ohekani Lp		Transaction ID: SA11A1.59209	
City Aiea	State HI	Amount of Each Receipt this Period 260.00	
Zip Code 96701		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State Legislature	Occupation Representative		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1552.00		

Full Name (Last, First, Middle Initial) <b>B. Louise Fleming</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address PO Box 26027		Transaction ID: SA11A1.59194	
City Honolulu	State HI	Amount of Each Receipt this Period 2000.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Vestal Assoc Corp	Occupation Vice-President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3565.00		

Full Name (Last, First, Middle Initial) <b>C. Clayton Frank</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 4424 Puu Panini Ave # A		Transaction ID: SA11A1.59283	
City Honolulu	State HI	Amount of Each Receipt this Period 25.00	
Zip Code 96816		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii	Occupation Interim Director of Public Safety		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HAWAII REPUBLICAN PARTY**

<b>A.</b> Full Name (Last, First, Middle Initial) Clarence Furuya Mailing Address 2875 S King St City Honolulu State HI Zip Code 96826 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7 <b>Transaction ID: SA11A1.59237</b> Amount of Each Receipt this Period 300.00 Contribution
Name of Employer: C O Furuya & Assoc Occupation: Investor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Ginella Mailing Address 59-410 Alapio Rd City Haleiwa State HI Zip Code 96712 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID: SA11A1.59245</b> Amount of Each Receipt this Period 500.00 Contribution
Name of Employer: Retired Occupation: Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Roger Godfrey Mailing Address 2761 Laniloa Rd City Honolulu State HI Zip Code 96813 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID: SA11A1.59192</b> Amount of Each Receipt this Period 2500.00 Contribution
Name of Employer: Times Supermarket Occupation: President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Renee Hampton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 1288 Ala Moana Blvd # 5B		Transaction ID: SA11A1.59263	
City Honolulu	State HI	Zip Code 96814	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Kahala Associates	Occupation Realtor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Archie Hapai</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address PO Box 413		Transaction ID: SA11A1.59285	
City Kurtistown	State HI	Zip Code 96760	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Hapai Insurance	Occupation Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. Vic Hejmadi</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 650 Kohou St, D		Transaction ID: SA11A1.59234	
City Honolulu	State HI	Zip Code 96817	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Rainbow Beauty Supplies	Occupation Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Philip Hellreich

Mailing Address 225 Kuuhoa PI

City State Zip Code  
Kailua HI 96734

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

Name of Employer Occupation  
Kailua Dermatology Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
655.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.59236

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joseph Henao

Mailing Address 1777 Ala Moana Blvd, 107-19

City State Zip Code  
Honolulu HI 96815

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

Name of Employer Occupation  
self employed real estate investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1445.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.59210

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Randall Ho

Mailing Address 3876 Nikolo St

City State Zip Code  
Honolulu HI 96815

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

Name of Employer Occupation  
Waimana Enterprises CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.59261

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Elizabeth Hoban		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 45-104 Mahalani Cir		Transaction ID: SA11A1.59212	
City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John Hui		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1288 Ala Moana Blvd, 15B		Transaction ID: SA11A1.59272	
City Honolulu	State HI	Zip Code 96814	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles Jencks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 75 Ka Dr		Transaction ID: SA11A1.59226	
City Kula	State HI	Zip Code 96790	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired		Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Kurt Kawafuchi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 1413 Middle St		<b>Transaction ID:</b> SA11A1.59232	
City State Zip Code Honolulu HI 96819		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer State of Hawaii Dept of Taxation		Occupation Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 885.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Georgina Kawamura		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 581 S Alu Rd		<b>Transaction ID:</b> SA11A1.59265	
City State Zip Code Wailuku HI 96793		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer State of Hawaii		Occupation Budget Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Shirazul Kazi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 46-296 Nahewai St		<b>Transaction ID:</b> SA11A1.59203	
City State Zip Code Kaneohe HI 96744		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer KYA Design Group		Occupation AIA	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) George Kekuna		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 95-211 Kaeoa Pl		<b>Transaction ID:</b> SA11A1.59277	
City State Zip Code Mililani HI 96789		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired Occupation Retired Lt Col			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Klein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 6800 Kalaniana'ole Hwy, Ste 105		<b>Transaction ID:</b> SA11A1.59267	
City State Zip Code Honolulu HI 96825		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer self employed Occupation real estate			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dexter Kubota		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 2111 Mauna Pl		<b>Transaction ID:</b> SA11A1.59185	
City State Zip Code Honolulu HI 96822		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer KFC Engineering Management Occupation Engineer			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Law		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 91-1023 Kaikoele St		<b>Transaction ID:</b> SA11A1.59276	
City State Zip Code Ewa Beach HI 96706		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Fat Law 's Farm Farmer			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Tim Law		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 91-1023 Kaikoele St		<b>Transaction ID:</b> SA11A1.59229	
City State Zip Code Ewa Beach HI 96706		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired Retired			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Tim Law		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 91-1023 Kaikoele St		<b>Transaction ID:</b> SA11A1.59230	
City State Zip Code Ewa Beach HI 96706		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Retired Retired			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) June Lee Mailing Address PO Box 88232 City Honolulu State HI Zip Code 96830 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.59214 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Harbor Wing Technologies, Inc. Occupation Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1176.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Kent Lighter Mailing Address 229 Pauahilani Pl City Kailua State HI Zip Code 96734 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.59187 Amount of Each Receipt this Period 5000.00 Contribution
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) John Love Mailing Address 5911 Kini Pl City Kapaa State HI Zip Code 96746 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.59297 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
James Lowson

Mailing Address PO Box 613

City State Zip Code  
Lahaina HI 96767

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

Name of Employer Occupation  
Lawson & Associates Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.59296

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Wayne Lu

Mailing Address 403 Halaki St

City State Zip Code  
Honolulu HI 96821

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.59235

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Malaghan

Mailing Address 2336 SE Ocean Blvd, 374

City State Zip Code  
Stuart FL 34996

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.59225

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Riccardo Mascia</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1018 4th St # 303		Transaction ID: SA11A1.59200
City State Zip Code Santa Monica CA 90403	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
Name of Employer HOK Inc	Occupation Architect	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Orlando Matias</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 99-636 Halawa Dr		Transaction ID: SA11A1.59253
City State Zip Code Aiea HI 96701	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self/O&E Matias Electrical Service	Occupation Electrical Contractor	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Franz Matsuo</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 98-020 Kamehameha Hwy		Transaction ID: SA11A1.59259
City State Zip Code Aiea HI 96701	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Shiro's Inc	Occupation President	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Terry Metcalf</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 7433 Makaa St		Transaction ID: SA11A1.59181	
City Honolulu      State HI      Zip Code 96825	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Employed	Occupation Builder		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>B. Esther Moniz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1482 Honokahua St		Transaction ID: SA11A1.59284	
City Honolulu      State HI      Zip Code 96825	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired		Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. Sanford Morioka</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 98-200 Puaalii St		Transaction ID: SA11A1.59239	
City Aiea      State HI      Zip Code 96701	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Edward Enterprises		Occupation Business Development Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Kyong Moses</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 92-339 Akaula St		Transaction ID: SA11A1.59208	
City State Zip Code Kapolei HI 96707	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1665.00		

Full Name (Last, First, Middle Initial) <b>B. Tsukasa Mukai</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 688 Kinoole St, 117		Transaction ID: SA11A1.59273	
City State Zip Code Hilo HI 96720	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer self employed	Occupation engineer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Jean Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address PO Box 9049		Transaction ID: SA11A1.59270	
City State Zip Code Kailua-Kona HI 96745	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Clark Realty	Occupation Realtor-Sr. VP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Jerry Nakagawa</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 98-1447 Kulawai St		Transaction ID: SA11A1.59197
City Aiea	State HI	Zip Code 96701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer ESH	Occupation Engineers	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2550.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Neuman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address PO Box 10309		Transaction ID: SA11A1.59251
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dylan Nonaka</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 68 Hoaloha St		Transaction ID: SA11A1.59268
City Hilo	State HI	Zip Code 96720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer State of Hawaii	Occupation Gov Liason	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 436.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Pennylynn Ontai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 94-303 Nanamua Pl		Transaction ID: SA11A1.59243
City State Zip Code Mililani HI 96789	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Castle Medical Center	Occupation Administrator	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Nelson Oyadamari		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1568 Ala Napunani St		Transaction ID: SA11A1.59193
City State Zip Code Honolulu HI 96818	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Primary Residential Mtg	Occupation Mortgage Banker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kaulana Park		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 665 Kealahou St		Transaction ID: SA11A1.59241
City State Zip Code Honolulu HI 96825	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer DHHL	Occupation Ex Mgt	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Lillian Power		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1434 Punahou St 524		Transaction ID: SA11A1.59287
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Philip Powers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1350 Ala Moana Blvd 1509		Transaction ID: SA11A1.59264
City State Zip Code Honolulu HI 96814	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 471.00	

Full Name (Last, First, Middle Initial) <b>C.</b> C Dudley Pratt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 276 N Kalaheo Ave		Transaction ID: SA11A1.59207
City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Campbell Estate Trustee/retired Aggregate Year-to-Date ▼ 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HAWAII REPUBLICAN PARTY**

<b>A.</b> Full Name (Last, First, Middle Initial) David Pratt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address PO Box 662096		<b>Transaction ID:</b> SA11A1.59281	
City Lihue	State HI	Zip Code 96766	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Niu Pia Land Company Ltd	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Norris Sandvold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 2236 Schaeffer Rd		<b>Transaction ID:</b> SA11A1.59233	
City Sebastopol	State CA	Zip Code 95472	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Sand Sea Vacation Homes	Occupation Lodging		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dianna Sappal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1097 Kuekue St		<b>Transaction ID:</b> SA11A1.59202	
City Honolulu	State HI	Zip Code 96825	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Mary Worrall Associates	Occupation Realtor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Sam Sato</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 882 Kahena St		Transaction ID: SA11A1.59299	
City Honolulu	State HI	Amount of Each Receipt this Period 100.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00		

Full Name (Last, First, Middle Initial) <b>B. Edwin Seipp</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 49 Tuscaloosa Ave		Transaction ID: SA11A1.59222	
City Atherton	State CA	Amount of Each Receipt this Period 600.00	
Zip Code 94027		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. James Shingle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3019 Kalakaua Ave		Transaction ID: SA11A1.59191	
City Honolulu	State HI	Amount of Each Receipt this Period 2000.00	
Zip Code 96815		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Charles Sochalec

Mailing Address PO Box 37935

City Honolulu State HI Zip Code 96837

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	7

Transaction ID: SA11A1.59258

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Stone

Mailing Address 841 Bishop St, 1711

City Honolulu State HI Zip Code 96813

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

Name of Employer James StoneLaw Offices Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1120.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	7

Transaction ID: SA11A1.59216

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Sun Stone

Mailing Address 1288 Kapiolani Blvd Apt 2506

City Honolulu State HI Zip Code 96814

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	7

Transaction ID: SA11A1.59205

Amount of Each Receipt this Period  
2000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Anne Sylvester</b>		Date of Receipt MM / DD / YYYY 10 / 02 / 2007
Mailing Address 1530 Aalapapa Dr		Transaction ID: SA11A1.59215
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Roeca Louie Hiraoka	Occupation Attorney	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	

Full Name (Last, First, Middle Initial) <b>B. Willes Ta</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2007
Mailing Address 628 Hahaione St		Transaction ID: SA11A1.59286
City Honolulu	State HI	Zip Code 96825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Bert Toba</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 1049 Kiionioni Lp		Transaction ID: SA11A1.59190
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer R.M. Towill Corp	Occupation Sr. VP	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Hae Viengkhou</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 529 Poipu Dr		Transaction ID: SA11A1.59271	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Chew Chinese Association	Occupation Member		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Sheryl Vuillemot</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 3460 Kaohinani Dr		Transaction ID: SA11A1.59180	
City Honolulu	State HI	Amount of Each Receipt this Period 4755.00	
Zip Code 96817		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mac.com	Occupation Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C. Beti Ward</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 119 Kaulele Pl		Transaction ID: SA11A1.59186	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96819		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Air Cardo	Occupation Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5505.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. William Watkins</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 444 Dune Cir		Transaction ID: SA11A1.59252	
City Kailua	State HI	Zip Code 96734	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Clinical Laboratories of HI	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00		

Full Name (Last, First, Middle Initial) <b>B. Walter Wild</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 41-473 Kalaniana'ole HWY		Transaction ID: SA11A1.59288	
City Waimanalo	State HI	Zip Code 96795	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Daniel Xu</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address PO Box 669		Transaction ID: SA11A1.59257	
City Kahuku	State HI	Zip Code 96731	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self Employed	Occupation Engineer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 62	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Michael Zhang

Mailing Address 1216 Kaumaulii St

City Honolulu State HI Zip Code 96817

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

Name of Employer Blue Hawaii Surf Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.59295

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	106205.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Sandra Albano</b>		<b>Transaction ID:</b> SB21B.59137 <b>Date of Disbursement</b> 10 / 15 / 2007
Mailing Address 748 Kokomo Pl		Amount of Each Disbursement this Period 5235.50
City Honolulu State HI Zip Code 96825	Purpose of Disbursement PROFESSIONAL FEES - EVENT COORDINATOR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		<b>Transaction ID:</b> SB21B.59172 <b>Date of Disbursement</b> 10 / 22 / 2007
Mailing Address BOX 0001		Amount of Each Disbursement this Period 272.86
City LOS ANGELES State CA Zip Code 90096	Purpose of Disbursement FOOD Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. COSTCO</b>		<b>Transaction ID:</b> SB21B.59172.0 <b>Date of Disbursement</b> 10 / 22 / 2007
Mailing Address 4380 Lawehana St.		Amount of Each Disbursement this Period 132.70
City Honolulu State HI Zip Code 96818	Purpose of Disbursement FOOD Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5508.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. COSTCO</b>		Transaction ID: SB21B.59172.1 Date of Disbursement 10 / 22 / 2007	
Mailing Address 4380 Lawehana St.		Amount of Each Disbursement this Period 140.16	
City Honolulu State HI Zip Code 96818	Purpose of Disbursement FOOD	001 Category/Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AMERICA ONLINE SERVICES</b>		Transaction ID: SB21B.59175 Date of Disbursement 10 / 18 / 2007	
Mailing Address C/O FIRST USA BANK, NA P.O. BOX 50882		Amount of Each Disbursement this Period 30.90	
City Henderson State NV Zip Code 89016	Purpose of Disbursement AOL SERVICE	001 Category/Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joanne Bretschneider</b>		Transaction ID: SB21B.59126 Date of Disbursement 10 / 15 / 2007	
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 1337.00	
City Honolulu State HI Zip Code 96813	Purpose of Disbursement PR 10/15/07	001 Category/Type	
Candidate Name	[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1367.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Joanne Bretschneider</b>		<b>Transaction ID: SB21B.59139</b> Date of Disbursement 10 / 15 / 2007	
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 49.72	
City Honolulu State HI Zip Code 96813	Purpose of Disbursement VERIZON CELL PHONE	001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joanne Bretschneider</b>		<b>Transaction ID: SB21B.59127</b> Date of Disbursement 10 / 31 / 2007	
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 1337.00	
City Honolulu State HI Zip Code 96813	Purpose of Disbursement PR 10/31/07	001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steven Bretschneider</b>		<b>Transaction ID: SB21B.59133</b> Date of Disbursement 10 / 01 / 2007	
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 100.00	
City Honolulu State HI Zip Code 96813	Purpose of Disbursement PARKING SPACE	001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1486.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Steven Bretschneider</b>		<b>Transaction ID: SB21B.59138</b> Date of Disbursement 10 / 01 / 2007
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 275.00
City Honolulu State HI Zip Code 96813	Purpose of Disbursement CONFERENCE REGISTRATION FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) <b>B. CALIFORNIA REPUBLICAN PARTY/V8</b>		<b>Transaction ID: SB21B.59138.0</b> Date of Disbursement 10 / 01 / 2007
Mailing Address 1903 W Magnolia Blvd		Amount of Each Disbursement this Period 275.00
City Burbank State CA Zip Code 91506	Purpose of Disbursement CONFERENCE REGISTRATION FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. CARDINAL COMMUNICATION STRATEG</b>		<b>Transaction ID: SB21B.59169</b> Date of Disbursement 10 / 25 / 2007
Mailing Address 925 UNIVERSITY AVE #A		Amount of Each Disbursement this Period 3043.00
City SACRAMENTO State CA Zip Code 95825	Purpose of Disbursement TELEMARKETING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3318.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. CENTRAL PACIFIC BANK</b>		<b>Transaction ID: SB21B.59155</b>	
Mailing Address PO BOX 135010		Date of Disbursement 10 / 01 / 2007	
City HONOLULU	State HI	Zip Code 96801	Amount of Each Disbursement this Period 1961.13
Purpose of Disbursement MORTGAGE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>		<b>Transaction ID: SB21B.59174</b>	
Mailing Address CARDMEMBER SERVICE PO BOX 94014		Date of Disbursement 10 / 14 / 2007	
City PALATINE	State IL	Zip Code 60094	Amount of Each Disbursement this Period 3262.28
Purpose of Disbursement		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. STORQUEST - KAKA AKO</b>		<b>Transaction ID: SB21B.59174.0</b>	
Mailing Address 850 KAWAIAHAO ST #4		Date of Disbursement 10 / 14 / 2007	
City HONOLULU	State HI	Zip Code 96813	Amount of Each Disbursement this Period 171.94
Purpose of Disbursement STORAGE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5223.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. SPRINT</b>		Transaction ID: SB21B.59174.1 Date of Disbursement 10 / 14 / 2007	
Mailing Address PO BOX 219100		Amount of Each Disbursement this Period 38.42	
City KANSAS CITY State MO Zip Code 64121	Purpose of Disbursement Telephone Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. SaveOnConferences</b>		Transaction ID: SB21B.59174.2 Date of Disbursement 10 / 14 / 2007	
Mailing Address PO Box 404351		Amount of Each Disbursement this Period 47.72	
City Atlanta State GA Zip Code 30384-4351	Purpose of Disbursement Conference Calls Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. OCEANIC CABLE</b>		Transaction ID: SB21B.59174.4 Date of Disbursement 10 / 14 / 2007	
Mailing Address P.O. BOX 30050		Amount of Each Disbursement this Period 119.68	
City HONOLULU State HI Zip Code 96820	Purpose of Disbursement Cable Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Marriott San Diego</b>		Transaction ID: SB21B.59174.5 Date of Disbursement 10 / 14 / 2007
Mailing Address 333 West Harbor Drive		Amount of Each Disbursement this Period 1189.20
City San Diego State CA Zip Code 92101	Purpose of Disbursement Lodging - conference Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Kui &amp; I Florist</b>		Transaction ID: SB21B.59174.6 Date of Disbursement 10 / 14 / 2007
Mailing Address 707 Kinoole Street		Amount of Each Disbursement this Period 52.08
City Hilo State HI Zip Code 96720	Purpose of Disbursement Flowers Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. HILTON HAWAIIAN VILLAGE</b>		Transaction ID: SB21B.59174.7 Date of Disbursement 10 / 14 / 2007
Mailing Address 2005 KALIA RD.		Amount of Each Disbursement this Period 62.89
City Honolulu State HI Zip Code 96815	Purpose of Disbursement Parking Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

<b>A. Fisher Hawaii</b> Full Name (Last, First, Middle Initial) Mailing Address 450 Cooke St. City Honolulu State HI Zip Code 96813 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.59174.9 <b>Date of Disbursement:</b> 10 / 14 / 2007 Amount of Each Disbursement this Period 275.59 <b>[MEMO ITEM]</b>
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<b>B. AT&amp;T QD AL Hawaii</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 30178 City Los Angeles State CA Zip Code 90030 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.59174.10 <b>Date of Disbursement:</b> 10 / 14 / 2007 Amount of Each Disbursement this Period 280.14 <b>[MEMO ITEM]</b>
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<b>C. Marriott San Diego</b> Full Name (Last, First, Middle Initial) Mailing Address 333 West Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.59174.11 <b>Date of Disbursement:</b> 10 / 14 / 2007 Amount of Each Disbursement this Period 107.44 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Marriott San Diego</b>		<b>Transaction ID:</b> SB21B.59174.12 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 333 West Harbor Drive		Amount of Each Disbursement this Period 781.61
City San Diego State CA Zip Code 92101	<b>[MEMO ITEM]</b>	
Purpose of Disbursement Registration Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. CINDY'S LEI &amp; FLOWER SHOPPE</b>		<b>Transaction ID:</b> SB21B.59166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1034 MAUNAKEA STREET		Amount of Each Disbursement this Period 157.07
City HONOLULU State HI Zip Code 96817	<b>[MEMO ITEM]</b>	
Purpose of Disbursement LEIS Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. CINGULAR WIRELESS</b>		<b>Transaction ID:</b> SB21B.59168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address PO BOX 30178		Amount of Each Disbursement this Period 253.94
City LOS ANGELES State CA Zip Code 90030	<b>[MEMO ITEM]</b>	
Purpose of Disbursement TELEPHONE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	411.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. COSTCO</b>		Transaction ID: SB21B.59173 Date of Disbursement 10 / 04 / 2007	
Mailing Address 525 Alakawa Street		Amount of Each Disbursement this Period 420.73	
City HONOLULU State HI Zip Code 96817	Purpose of Disbursement FOOD FOR VOLUNTEERS Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. D&amp;J SPECIALTIES, INC.</b>		Transaction ID: SB21B.59165 Date of Disbursement 10 / 12 / 2007	
Mailing Address 1919 PAULA DR.		Amount of Each Disbursement this Period 604.36	
City HONOLULU State HI Zip Code 96816-3939	Purpose of Disbursement PHOTO FRAMES Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. EDWARD ENTERPRISES INC.</b>		Transaction ID: SB21B.59160 Date of Disbursement 10 / 05 / 2007	
Mailing Address PO BOX 30468		Amount of Each Disbursement this Period 1780.10	
City HONOLULU State HI Zip Code 96820	Purpose of Disbursement PRINTING FOR STATE SR. FAIR Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2805.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. EDWARD ENTERPRISES INC.</b>		<b>Transaction ID:</b> SB21B.59161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address PO BOX 30468		Amount of Each Disbursement this Period 5200.00
City HONOLULU State HI Zip Code 96820	Purpose of Disbursement PRINTING GOVERNORS SPECIAL APPEAL LTR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003

Full Name (Last, First, Middle Initial) <b>B. Minoo Elison</b>		<b>Transaction ID:</b> SB21B.59130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 764 Mokapu Rd		Amount of Each Disbursement this Period 1261.29
City Kailua State HI Zip Code 96734	Purpose of Disbursement PR 10/15/07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) <b>C. Minoo Elison</b>		<b>Transaction ID:</b> SB21B.59141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 764 Mokapu Rd		Amount of Each Disbursement this Period 40.00
City Kailua State HI Zip Code 96734	Purpose of Disbursement TELEPHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6501.29

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Minoo Elison</b>		<b>Transaction ID: SB21B.59143</b> Date of Disbursement 10 / 24 / 2007	
Mailing Address 764 Mokapu Rd		Amount of Each Disbursement this Period 80.00	
City Kailua State HI Zip Code 96734	Purpose of Disbursement CELL PHONE Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Minoo Elison</b>		<b>Transaction ID: SB21B.59131</b> Date of Disbursement 10 / 31 / 2007	
Mailing Address 764 Mokapu Rd		Amount of Each Disbursement this Period 1261.29	
City Kailua State HI Zip Code 96734	Purpose of Disbursement PR 10/31/07 Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William Finlay</b>		<b>Transaction ID: SB21B.59124</b> Date of Disbursement 10 / 15 / 2007	
Mailing Address 4717 Halehoola Pl		Amount of Each Disbursement this Period 1251.11	
City Honolulu State HI Zip Code 96816	Purpose of Disbursement PR 10/15/07 Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2592.40</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. William Finlay</b>		<b>Transaction ID: SB21B.59125</b> Date of Disbursement 10 / 15 / 2007	
Mailing Address 4717 Halehoola Pl		Amount of Each Disbursement this Period 1251.11	
City Honolulu State HI Zip Code 96816	Purpose of Disbursement PR 10/31/07 Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRANCO TYP-POSTALIA INC</b>		<b>Transaction ID: SB21B.59176</b> Date of Disbursement 10 / 29 / 2007	
Mailing Address PO BOX 4272		Amount of Each Disbursement this Period 250.00	
City CAROL STREAM State IL Zip Code 60197	Purpose of Disbursement POSTAGE Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. HARTFORD INSURANCE CO.</b>		<b>Transaction ID: SB21B.59157</b> Date of Disbursement 10 / 02 / 2007	
Mailing Address P.O. BOX 8500-3690		Amount of Each Disbursement this Period 176.59	
City PHILADELPHIA State PA Zip Code 19178	Purpose of Disbursement TDI 9/30/07 Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1677.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. HAWAIIAN TELCOM</b>		<b>Transaction ID:</b> SB21B.59159 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address PO BOX 30770		Amount of Each Disbursement this Period 587.96
City HONOLULU State HI Zip Code 96820	Purpose of Disbursement TELEPHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. HAWAIIAN TELCOM</b>		<b>Transaction ID:</b> SB21B.59170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address PO BOX 30770		Amount of Each Disbursement this Period 588.94
City HONOLULU State HI Zip Code 96820	Purpose of Disbursement TELEPHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. HAWAII MEDICAL SERVICE ASSOC.</b>		<b>Transaction ID:</b> SB21B.59154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address P.O. BOX 29330		Amount of Each Disbursement this Period 933.72
City Honolulu State HI Zip Code 96820	Purpose of Disbursement HEALTH INSURANCE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2110.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A. HAWAII STATE TAX COLLECTOR**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 3559

**Transaction ID:** SB21B.59179  
Date of Disbursement

/   /

City Honolulu State HI Zip Code 96811-3559

Amount of Each Disbursement this Period

Purpose of Disbursement  
STATE TAX 9/07  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

**B. HEARTLAND PAYMENT SYSTEM**

Mailing Address 1437 YOUNGSTOWN CENTER HWY 62

**Transaction ID:** SB21B.59171  
Date of Disbursement

/   /

City JEFFERSONVILLE State IN Zip Code 47130

Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK SERVICE FEES  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

**C. HEARTLAND PAYMENT SYSTEM**

Mailing Address 1437 YOUNGSTOWN CENTER HWY 62

**Transaction ID:** SB21B.59178  
Date of Disbursement

/   /

City JEFFERSONVILLE State IN Zip Code 47130

Amount of Each Disbursement this Period

Purpose of Disbursement  
HEARTLAND PAYMENT SYSTEM  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. MIKE HIGGINS</b>		<b>Transaction ID: SB21B.59136</b> Date of Disbursement 10 / 15 / 2007	
Mailing Address DBA SHOW & TELL 735 IWILEI ROAD, 2ND FLOOR		Amount of Each Disbursement this Period 3131.41	
City Honolulu	State HI	Zip Code 96817	003 Category/ Type
Purpose of Disbursement AUDIO-VISUAL PROFESSIONAL SERVICES			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ROSINA HO</b>		<b>Transaction ID: SB21B.59123</b> Date of Disbursement 10 / 09 / 2007	
Mailing Address 46-696 KALANIANA'OLE HWY		Amount of Each Disbursement this Period 2255.43	
City WAIMANALO	State HI	Zip Code 96795	003 Category/ Type
Purpose of Disbursement FLORAL ARRANGEMENTS			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. IMS, INC.</b>		<b>Transaction ID: SB21B.59162</b> Date of Disbursement 10 / 10 / 2007	
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 1570.68	
City KANEHOHE	State HI	Zip Code 96744	001 Category/ Type
Purpose of Disbursement ACCOUNTING SERVICES			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6957.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Cynthia Lee</b>		Transaction ID: SB21B.59132 Date of Disbursement 10 / 01 / 2007	
Mailing Address 725 Kapiolani Apt 2701		Amount of Each Disbursement this Period 125.00	
City Honolulu	State HI	Zip Code 96813	001 Category/ Type
Purpose of Disbursement PARKING SPACE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Julie Lee</b>		Transaction ID: SB21B.59140 Date of Disbursement 10 / 15 / 2007	
Mailing Address 644 Kahiau Lp		Amount of Each Disbursement this Period 261.36	
City Honolulu	State HI	Zip Code 96821	003 Category/ Type
Purpose of Disbursement TABLE DECOR		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Pictures Plus</b>		Transaction ID: SB21B.59140.0 Date of Disbursement 10 / 15 / 2007	
Mailing Address 91-275 Hanua Street		Amount of Each Disbursement this Period 261.36	
City Kapolei	State HI	Zip Code 96707	003 Category/ Type
Purpose of Disbursement TABLE DECOR		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	386.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Willes Lee</b>		Transaction ID: SB21B.59146 Date of Disbursement 10 / 22 / 2007	
Mailing Address 644 Kahiau Lp		Amount of Each Disbursement this Period 191.77	
City Honolulu State HI Zip Code 96821	Purpose of Disbursement DONOR GIFTS Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. COSTCO</b>		Transaction ID: SB21B.59146.0 Date of Disbursement 10 / 04 / 2007	
Mailing Address 525 Alakawa Street		Amount of Each Disbursement this Period 191.77	
City HONOLULU State HI Zip Code 96817	Purpose of Disbursement DONOR GIFTS Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Willes Lee</b>		Transaction ID: SB21B.59147 Date of Disbursement 10 / 22 / 2007	
Mailing Address 644 Kahiau Lp		Amount of Each Disbursement this Period 200.00	
City Honolulu State HI Zip Code 96821	Purpose of Disbursement TRAINING REGISTRATION FEE Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	391.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN NATIONAL COMMITTEE</b>		Transaction ID: SB21B.59147.0 Date of Disbursement																					
Mailing Address 310 First St SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	5		2	0	0	7														
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAINING FEE		Category/ Type 001	200.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. Willes Lee</b>		Transaction ID: SB21B.59148 Date of Disbursement																					
Mailing Address 644 Kahiau Lp		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	2		2	0	0	7														
City Honolulu	State HI	Zip Code 96821	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONFERENCE REGISTRATION FEE		Category/ Type 001	225.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. CALIFORNIA REPUBLICAN PARTY/V8</b>		Transaction ID: SB21B.59148.0 Date of Disbursement																					
Mailing Address 1903 W Magnolia Blvd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	5		2	0	0	7														
City Burbank	State CA	Zip Code 91506	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONFERENCE REGISTRATION		Category/ Type 001	225.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]																				
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. ANDREW MATHESON</b>		<b>Transaction ID: SB21B.59145</b> Date of Disbursement 10 / 16 / 2007	
Mailing Address 209-2 KAWAIHAE ST.		Amount of Each Disbursement this Period 400.00	
City HONOLULU State HI Zip Code 96825	Purpose of Disbursement PHOTOGRAPH SERVICES Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NOGUCHI &amp; ASSOCIATES</b>		<b>Transaction ID: SB21B.59167</b> Date of Disbursement 10 / 22 / 2007	
Mailing Address 311 S. KING ST #560		Amount of Each Disbursement this Period 9220.00	
City Honolulu State HI Zip Code 96814	Purpose of Disbursement D&O INSURANCE Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. R&amp;K MAINTENANCE</b>		<b>Transaction ID: SB21B.59164</b> Date of Disbursement 10 / 12 / 2007	
Mailing Address 442 KAHA STREET		Amount of Each Disbursement this Period 94.24	
City KAILUA State HI Zip Code 96734	Purpose of Disbursement CLEANING Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9714.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. RESKYU</b>		<b>Transaction ID: SB21B.59163</b>	
Mailing Address 756 BANNISTER ST		Date of Disbursement 10 / 12 / 2007	
City HONOLULU	State HI	Zip Code 96819	Amount of Each Disbursement this Period 97.38
Purpose of Disbursement PRINTING		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. RICOH AMERICAS CORPORATION</b>		<b>Transaction ID: SB21B.59153</b>	
Mailing Address PO BOX 105533		Date of Disbursement 10 / 01 / 2007	
City ATLANTA	State GA	Zip Code 30348	Amount of Each Disbursement this Period 761.50
Purpose of Disbursement LEASE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PATRICIA SCHAFER</b>		<b>Transaction ID: SB21B.59142</b>	
Mailing Address 636 AINAPO ST.		Date of Disbursement 10 / 15 / 2007	
City HONOLULU	State HI	Zip Code 96825	Amount of Each Disbursement this Period 174.83
Purpose of Disbursement COMMUNITY SERVICE FOOD		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1033.71</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. COSTCO</b>		Transaction ID: SB21B.59142.0 Date of Disbursement 10 / 15 / 2007	
Mailing Address 333A Keahole St.		Amount of Each Disbursement this Period 174.83	
City Honolulu State HI Zip Code 96825	Purpose of Disbursement COMMUNITY SERVICE SUPPLIES Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. STATE TAX COLLECTOR</b>		Transaction ID: SB21B.59158 Date of Disbursement 10 / 03 / 2007	
Mailing Address STATE OF HAWAII P.O. BOX 3223		Amount of Each Disbursement this Period 589.27	
City HONOLULU State HI Zip Code 96801	Purpose of Disbursement 3RD QTR SUC Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH TALBOT</b>		Transaction ID: SB21B.59128 Date of Disbursement 10 / 15 / 2007	
Mailing Address 1242 AALAPAPA ST		Amount of Each Disbursement this Period 1497.08	
City KAILUA State HI Zip Code 96734	Purpose of Disbursement PR 10/15/07 Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2086.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH TALBOT

Mailing Address 1242 AALAPAPA ST

City KAILUA State HI Zip Code 96734

Purpose of Disbursement PR 10/31/07

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.59129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
THE IMPERIAL PLAZA

Mailing Address 711 KAPIOLANI BLVD, SUITE 700

City Honolulu State HI Zip Code 96813

Purpose of Disbursement MAINTENANCE/UTILITIES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.59156

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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