

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Keohokalole for Hawaii				
ADDRESS (number and street) PO Box 2629				
CITY Honolulu		STATE HI		ZIP CODE 96803
2. NAME OF CANDIDATE Keohokalole, Jarrett, , ,			3. OFFICE SOUGHT (State and District) House HI 01	
4. FEC IDENTIFICATION NUMBER C00913848				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				
A. FULL NAME Angoco, Vicente, , ,		Name of Employer Matson		Date (month, day, year) 07/21/2026
MAILING ADDRESS 221 Cheval Ln		Transaction ID : 10560928		Amount 1500.00
CITY Walnut Creek	STATE CA	ZIP CODE 94596-6037	Occupation Management	
B. FULL NAME Benham, Maenette, K. P. Ah, ,		Name of Employer Not Employed		Date (month, day, year) 07/21/2026
MAILING ADDRESS 1731 Nakiu Pl		Transaction ID : 10547327		Amount 2500.00
CITY Honolulu	STATE HI	ZIP CODE 96822-2466	Occupation Not Employed	
C. FULL NAME Cerocke, Grace, , ,		Name of Employer Matson		Date (month, day, year) 07/21/2026
MAILING ADDRESS 93 Ruffled Feathers Dr		Transaction ID : 10547461		Amount 1000.00
CITY Lemont	STATE IL	ZIP CODE 60439-7754	Occupation SVP Finance	
D. FULL NAME Floro, Frank, , ,		Name of Employer Floro&Associates		Date (month, day, year) 07/22/2026
MAILING ADDRESS 11 Longsford		Transaction ID : 10566564		Amount 1750.00
CITY San Antonio	STATE TX	ZIP CODE 78209-1811	Occupation Self Employed	
E. FULL NAME Ginoza-Lee, Sharlene, , ,		Name of Employer Bank Of Hawaii		Date (month, day, year) 07/22/2026
MAILING ADDRESS 427 Lawelawe St		Transaction ID : 10562539		Amount 1000.00
CITY Honolulu	STATE HI	ZIP CODE 96821-1911	Occupation Chief People Officer	
SIGNATURE (optional) Olsen, Josie, , ,			DATE 07/23/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Miyake, Clifford, , , 2101 Nuuanu Ave Apt 1405 Honolulu HI 96817-1768	Ocean Networks Inc. Transaction ID : 10581920 Occupation Business Development	07/22/2026	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Neisenzahl, Su, , , 1318 Miloiki St Honolulu HI 96825-3223	Name of Employer Hawaiian Telcom Transaction ID : 10561180 Occupation President	Date (month, day, year) 07/21/2026	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Nekota, Cameron, , , 4150 Luakaha Pl Honolulu HI 96816-4511	Name of Employer First Hawaiian Bank Transaction ID : 10597338 Occupation Attorney	Date (month, day, year) 07/22/2026	Amount 2000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Sullivan, John, W, , 300 3Rd St Apt 1415 San Francisco CA 94107-4207	Name of Employer Matson Transaction ID : 10599979 Occupation Senior VP	Date (month, day, year) 07/22/2026	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Tearney, Deena, , , 427 Launiu St Apt 609 Honolulu HI 96815-6007	Name of Employer Pacific Point Inc Transaction ID : 10597661 Occupation Chief Executive Officer	Date (month, day, year) 07/22/2026	Amount 2000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Yoshizawa, Dirk, , , 2026 Mahaoa Pl Honolulu HI 96819-1658		Name of Employer Bank Of Hawaii Transaction ID : 10546881 Occupation Commercial Banker	
		Date (month, day, year) 07/21/2026	Amount 1500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	Amount
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	Amount
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	Amount
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	Amount
		Occupation	

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