

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
 Abercrombie for Congress

Full Name (Last, First, Middle Initial)
A. Democratic Party of Hawaii Federal Acct

Mailing Address 770 Kapiolani Blvd #115

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
 EXCESS CAMPAIGN FUNDS

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼
 State: District

Category/
 Type

Transaction ID: 1018200443E2883
 Date of Disbursement

10 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Democratic Party of Hawaii Federal Acct

Mailing Address 770 Kapiolani Blvd #115

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
 EXCESS CAMPAIGN FUNDS

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼
 State: District

Category/
 Type

Transaction ID: 1018200443E2882
 Date of Disbursement

10 / 18 / 2004

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Friends of Rita Cabanilla

Mailing Address B1-1199A Mikohe St

City Ewa Beach State HI Zip Code 96708-

Purpose of Disbursement
 NONFEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼
 State: District

Category/
 Type

Transaction ID: 1129200448E2900
 Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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