

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

FEB 5 2 11 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FRIENDS OF MUFI HANNEMANN, INC.		2. FEC IDENTIFICATION NUMBER C 00245845
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 98-1268 KAAHUMANU STREET #C3-401		
CITY, STATE and ZIP CODE PEARL CITY, HAWAII 96782	STATE/DISTRICT HI/2ND	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

4. TYPE OF REPORT

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

This report contains
activity for **1990**

- Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>JULY 1, 1997</u> through <u>DEC. 31, 1997</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	24,000.00	24,000.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	24,000.00	24,000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10.00	15.00
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	10.00	15.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	15,552.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	29,480.00	

For further information
contact:
Federal Election Commission
959 E Street, NW
Washington, DC 20463
Toll Free 800-424-6633
Local 202-219-3420

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

Type or Print Name of Treasurer Randall I. Sumida	Date 01/30/98
Signature of Treasurer <i>Randall I. Sumida</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
FRIENDS OF MUFJ HANNEMANN, INC.	From: 07/01/97	To: 12/31/97
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	24,000.00	
(ii) Unitemized -----		
(iii) Total of contributions from individuals -----	24,000.00	24,000.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	24,000.00	24,000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	80.92	188.50
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	24,080.92	24,188.50
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	10.00	15.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	9,500.00	21,500.00
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	9,510.00	21,515.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 981.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 24,080.92
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 25,062.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 9,510.00
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 15,552.06

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORMAN DYER 46-401 HOLOKAA STREET KANEONE, HI 96744	GENTRY COMPANIES	8/12/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY C. DINSMORE 4742 FARMERS ROAD HONOLULU, HI 96816	GENTRY COMPANIES	8/12/97	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 1,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOSH HOSODA 803 PAHUMBLE PLACE KAILUA, HI 96734	GENTRY COMPANIES	8/12/97	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RANDOLPH K. OUYE P.O. BOX 49 PEARL CITY, HI 96782	GENTRY HOMES	8/12/97	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: engineer	Aggregate Year-to-Date > \$ 1,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.T. GRIMM 262 MAHIMAHU PLACE HONOLULU, HI 96821	KCMB TELEVISION	8/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SALLIE Y. MIYAWAKI 1010 WILDER AVENUE PH-E HONOLULU, HI 96822	NUUANU HALE	8/12/97	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. FINNEY 1056 FORT STREET MALL HONOLULU, HI 96813	SELF EMPLOYED	8/12/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: businessman	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

9,500.00

TOTAL This Period (last page this file number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 14
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFY HANNEMANN, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KWANSRI KANESHIRO 125 OHANA STREET KAILUA, HI 96734	ENGINEERING CONCEPTS, INC.	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: designer Aggregate Year-to-Date > \$ 500.00		
KENNETH T. ISHIZAKI 1427 ARIIKII PLACE KAILUA, HI 96734	ENGINEERING CONCEPTS, INC.	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: engineer Aggregate Year-to-Date > \$ 500.00		
CAROLYN E. NOMURA 1751 HOOKAIKA PLACE PEARL CITY, HI 96782	STATE OF HAWAII	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: judiciary Aggregate Year-to-Date > \$ 500.00		
RYOKICHI HIGASHIONNA 2296 AKEUKU STREET PEARL CITY, HI 96782	ENGINEERING CONCEPTS, INC.	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: engineer Aggregate Year-to-Date > \$ 500.00		
PAUL R. CASSIDAY 900 FORT STREET STE. 1450 HONOLULU, HI 96813	CAMPBELL ESTATE	10/24/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: trustee Aggregate Year-to-Date > \$ 1,000.00		
KAY MURANAKA 7234 NUULOLO STREET HONOLULU, HI 96825	ENGINEERING CONCEPTS, INC.	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: engineer Aggregate Year-to-Date > \$ 500.00		
CRAIG S. ARAKAKI 849 20th AVENUE HONOLULU, HI 96816	ENGINEERING CONCEPTS, INC.	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: engineer Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 14
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM E. WANKEY 1001 KAMOKILA BLVD. STE. 320 KAPOLEI, HI 96707	SELF EMPLOYED Occupation: <u>consultant</u>	10/24/97	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>	Aggregate Year-to-Date > \$ <u>2,000.00</u>		
B. Full Name, Mailing Address and ZIP Code G. DUDLEY PRATT JR. 900 FORT STREET MALL STE. 1450 HONOLULU, HI 96813	CAMPBELL ESTATE Occupation: <u>trustee</u>	10/24/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>		
C. Full Name, Mailing Address and ZIP Code CLINTON R. CHURCHILL 1001 KAMOKILA BLVD. KAPOLEI, HI 96707	CAMPBELL ESTATE Occupation: <u>trustee</u>	10/24/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>		
D. Full Name, Mailing Address and ZIP Code DAVID A. HEENAN 900 FORT STREET MALL #1450 HONOLULU, HI 96813	CAMPBELL ESTATE Occupation: <u>trustee</u>	10/24/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code MELVYN M. WILINSKY 698 PUIKENA DRIVE HONOLULU, HI 96821	OUTRIGGER HOTEL Occupation: <u>executive</u>	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>	Aggregate Year-to-Date > \$ <u>500.00</u>		
F. Full Name, Mailing Address and ZIP Code MELVIN Y. KANESHIGE 4615 AUKAI AVENUE HONOLULU, HI 96816	OUTRIGGER HOTEL & RESORT Occupation: <u>executive</u>	10/24/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>		
G. Full Name, Mailing Address and ZIP Code H.L. GOTH 1994 ALAELOA STREET HONOLULU, HI 96821	SCHULER HOMES Occupation: <u>executive</u>	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>	Aggregate Year-to-Date > \$ <u>500.00</u>		

SUBTOTAL of Receipts This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 14
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

FRIENDS OF MUFI HANNEMANN, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD R. KELLEY 3701-D DIAMOND HEAD ROAD HONOLULU, HI 96816	OUTRIGGER HOTEL & RESORT	10/24/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. DAVID P. CARRY 3701-D DIAMOND HEAD ROAD HONOLULU, HI 96816	OUTRIGGER HOTEL & RESORT	10/24/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM W.H. BROWN c/o 2500 KUHIO AVENUE HONOLULU, HI 96815	OUTRIGGER HOTEL & RESORT	10/24/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HILDA TAKEYAMA 3767 DIAMOND HEAD ROAD HONOLULU, HI 96816	retired	12/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: retired	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAMES K. SCHULER 828 FORT STREET MALL 4th FLOOR HONOLULU, HI 96813	SCHULER HOMES	12/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special	Occupation: executive	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 3,500.00

TOTAL This Period (last page this line number only) 24,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 111 OF 111
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC.

A. Full Name, Mailing Address and ZIP Code BANK OF HONOLULU 841 BISHOP STREET HONOLULU, HI 96813	Name of Employer interest income Occupation Aggregate Year-to-Date > \$ 188.50	Date (month, day, year) 7-01-97 to 12-31-97	Amount of Each Receipt this Period 80.92
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): special			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

80.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BANK OF HONOLULU 841 BISHOP STREET HONOLULU, HI 96813	bank service charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special	7-97 & 8-97	10.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 19(a)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MULIUPI F. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	paymt of remaining bal of 9,000 loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special	8-14-97	1,000.00
MULIUPI F. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	partial paymt on 10,000 loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special	8-14-97	2,000.00
MULIUPI F. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	PARTIAL paymt on 10,000 loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special	9-18-97	3,000.00
MULIUPI F. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	partial paymt on 10,000 loan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special	11-18-97	3,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9,500.00

LOANS

Name of Committee (in Full)			
FRIENDS OF MUFI HANNEMANN, INC.			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
MULIUPI F. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	9,000.00	9,000.00	0
Election: <input checked="" type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify): <u>special</u>			
Terms: Date Incurred <u>9/20/90</u> Date Due <u>9/20/97</u> Interest Rate <u>0</u> % (apr) Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
\$ 9,000.00 loan refinanced on 9-20-96, 0% interest, due 9-20-97	Occupation		
loan paid off on 8-14-97	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
source of funds were withdrawn from	Occupation		
personal savings	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
MULIUPI F. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	10,000.00	8,500.00	1,500.00
Election: <input checked="" type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify): <u>special</u>			
Terms: Date Incurred <u>11/4/92</u> Date Due <u>11/4/98</u> Interest Rate <u>0</u> % (apr) Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
\$ 10,000.00 loan which was refinanced on 11-4-96, was repaid 2,000.00 on 9-14-97 & repaid 3,000.00 on 9-18-97. On 11-4-97 \$ 5,000.00 loan was repaid 0% interest, due 11-4-98.	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
source of funds were withdrawn from	Occupation		
personal savings	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			1,500.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS

Name of Committee (in Full) FRIENDS OF MUFI HANNEMANN, INC.			
A. Full Name, Mailing Address and ZIP Code of Loan Source MULIUPI P. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	Original Amount of Loan 3,000.00	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 3,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>			
Terms: Date Incurred <u>9/1/93</u> Date Due <u>9/1/98</u> Interest Rate <u>0</u> % (apr) Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code \$ 3,000.00 loan refinanced on 9-1-97, 0% interest, due 9-1-98	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code source of funds were withdrawn from personal savings	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source MULIUPI P. HANNEMANN 99-437 ULUNE STREET AIEA, HI 96701	Original Amount of Loan 9,672.00	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 9,672.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>special</u>			
Terms: Date Incurred <u>12/29/93</u> Date Due <u>12/23/98</u> Interest Rate <u>0</u> % (apr) Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code \$ 9,672.00 loan refinanced on 12-29-97, 0% interest, due 12-29-98	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code source of funds were withdrawn from personal savings	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			12,672.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (If FWA)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance as Close of This Period
FRIENDS OF MUFI HANNEMANN, INC.				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ROBERTS TRAVEL SERVICE 644 HOLBRON LANE 5th FLOOR HONOLULU, HI 96815	7,210.00			7,210.00
Nature of Debt (Purpose): travel for campaign				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor HANDYMAN SIGN SHOP 1287 KALANI STREET HONOLULU, HI 96817	4,650.00			4,650.00
Nature of Debt (Purpose): bumperstickers, signs				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor FISHER PRINTING CO. P.O. BOX 1635 HONOLULU, HI 96806	3,448.00			3,448.00
Nature of Debt (Purpose): printing expenses for campaign				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				15,308.00
2) TOTALS This Period (last page in this line only)				15,308.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				14,172.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				29,480.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1-31-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt 2-5-98
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	2-5-98 DATE PREPARED