

RECEIVED
FEC MAIL ROOM

2000 DEC -4 P 12:16

Russ Francis For Congress

November 28, 2000

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

Dear Sir,

Enclosed is the 30 day Post Election Report for the period following the General Election. The report is covering the period from October 19, 2000 through November 27, 2000. One of the obligations that we have listed on our previous reports for Joan Bennett has been removed from the present report. This was removed because we have not received all the proper documentation to support this obligation. We have since written to her, requesting all of the paper work. When this is received and verified by both parties, we will submit an amended return with the proper obligation amount listed.

Should you have any questions regarding this information, please contact me at my campaign headquarters at (808) 262-8778.

Sincerely,



Russ Francis
Candidate for Congress

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -4 P 2:16

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Russ Francis for Congress		2. FEC IDENTIFICATION NUMBER C00356980
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 146A Palapua St.		
CITY, STATE and ZIP CODE Kailua, Hi 96734	STATE/DISTRICT Hawaii / 02	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on <u>Nov. 7, 2000</u> in the State of <u>Hawaii</u>
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>Oct. 19, 2000</u> through <u>Nov. 27, 2000</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(a))	20,673.00	199,818.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 8(b) from 8(a))	20,673.00	199,818.00
7. Net Operating Expenditures		195,393.15
(a) Total Operating Expenditures (from Line 17)	22,524.47	
(b) Total Offsets to Operating Expenditures (from Line 14)		220.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	22,524.47	195,413.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	4,444.85	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-894-1100
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)	21,955.36	

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 Russ Francis	Date 11.27.00
Signature of Treasurer 	

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

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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:	
Russ Francis for Congress	From: 10-19-00	To: 11-27-00
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) _____	8150.00	
(ii) Unitemized _____	4273.00	
(iii) Total of contributions from Individuals _____	12423.00	166,968.00
(b) Political Party Committees _____	750.00	3,350.00
(c) Other Political Committees (such as PACs) _____	7,500.00	29,500.00
(d) The Candidate _____		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	20,673.00	199,818.00
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.) _____		220.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	20,673.00	200,038.00
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	22,524.47	195,393.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate _____		
(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) _____	22,524.47	195,393.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	6496.32	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	20673.00	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	27169.32	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	22524.47	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	4644.85	

SCHEDULE A

ITEMIZED RECEIPTS

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)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Lott 11342 Canyon View Cir. Cupertino, Ca. 95014	RML Enterprises Inc	10-23-00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Celebrity Appearances		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Virginia Bush 658 Ulukani St. Kailua, HI 96734	RETIRED	10-23-00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William Hendrix 14169 Hillside Dr. Janel, Ca. 9435	self-employed	10-23-00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lundquist 41-980 Kakaina St. Waimanalo, HI 96795	True Value Hardware HI	10-23-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER		
	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale Myers PO Box 232518 Encinitas, Ca. 92023	self-employed	10-23-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Swallow's Inn PO Box 440 Trabuco Canyon, Ca. 92678	Restaurant	10-23-00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant		
	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Oklo 9753 Muliiani St. Hilo, HI 96720	not available	10-23-00	900.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 900.00		

SUBTOTAL of Receipts This Page (optional)

2150.00

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 2 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 committees.

NAME OF COMMITTEE (in Full)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jana Silva 135 Terrace Cir. Hilo, HI 96720	WMI, Inc.	10-26-00	350 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Self Employed	Aggregate Year-to-Date > \$ 350 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Morris Mark 625 Park Avenue New York, NY 10021	Mark Asset Mgmt Corp	11-1-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investment Mgr	Aggregate Year-to-Date > \$ 500 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt This Period
Richard Pombo 28375 S. Chrisman Rd. Tracy, CA 95304	Congress	11-7-00	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Congressman	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Reginald Oliver PO Box 306 St. Helena, CA 94574	Sherry House	11-7-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	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
Bill Power 3184-G Airway Ave. Costa Mesa, Ca 92624	Power Group	11-7-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: self-employed	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
Roger Severson 10 Hermitage Lane Newport Beach, Ca. 92660	Self-employed	11-14-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate	Aggregate Year-to-Date > \$ 500 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Hoffman 1266 Furnace Brook Parkway Quincy, MA 02169	Capital Analysts, Inc	11-14-00	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Financial Consultant	Aggregate Year-to-Date > \$ 200 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

3550⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 4
FOR LINE NUMBER 12a(i)

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NAME OF COMMITTEE (in Full)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Neseth 1148 Arbor Circle Lindenhurst, IL 60046	Retired	11-14-00	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 200 ⁰⁰		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Salata 3723 Birch St #11 Newport Beach, Ca 92660	Retired	11-14-00	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 200 ⁰⁰		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Timothy Powers 46-505 Lynn Haven Sq. Sterling, Va 20165	Podesta, Com	11-14-00	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Principal Aggregate Year-to-Date > \$ 200 ⁰⁰		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sarah Nordwall 1750 Kalaheua Ave #3504 Hon. HI 96826	Sarah of Hawaii	11-14-00	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER Aggregate Year-to-Date > \$ 350 ⁰⁰		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donn Miller 136 El Camino Dr. Beverly Hills, Ca 90212	not available	11-14-00	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 250 ⁰⁰		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Hoffman 3 Sherman Wy. Hingham, Ma. 02043	not available	11-14-00	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 200 ⁰⁰		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Kingsley 16633 Ventura Blvd #1450 Encino, Ca 91436	not available	11-14-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 500 ⁰⁰		
SUBTOTAL of Receipts This Page (optional)			1650.00
TOTAL This Period (see page 1 for line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)

Russ Francis An Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hans Riecke 77 Apalapani Ln. Haiku, HI 96708	not available	4-14-00	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J.E. Boland 1155 Connecticut Ave #300 Washington DC 20036	not available	11-14-00	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Clarence Ritchie 4878 Ave 328 Visalia, Ca 93291	Airport Ranch Rancher	11-14-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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)

800⁰⁰

TOTAL This Period (last page this line number only)

8150⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 112

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NAME OF COMMITTEE (in Full)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pepper Hamilton Federal Pac 300 Two Logan Sq. Philadelphia, PA 19103	Pac	10-26-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Beer Wholesalers Pac 1100 S. Washington St. Alexandria, VA 22314	Pac	10-31-00	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rely On Your Belief Fund Pac PO Box 5412 Arlington, Va. 22205	Pac	11-6-00	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bayou Leader Pac 524 Fort Williams Pkwy Alexandria, Va 22304	Pac	11-6-00	2000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Irvine Company Employees Pac PO Box 6370 Newport Beach, Ca 92658	Pac	11-6-00	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Keep Our Majority Pac PO Box 864 Washington, D.C. 20044	Pac	11-6-00	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leadership for America's Future 2300 Clarendon Blvd # 401 Arlington, VA 22201	Pac	11-6-00	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

7500⁰⁰

TOTAL This Period (last page this line number only)

7500⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 b

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NAME OF COMMITTEE (in Full)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code Republican Party of Hawaii PO Box 3355 Lihue, HI 96746	Name of Employer Political Party	Date (month, day, year) 10-23-00	Amount of Each Receipt this Period 750 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	

SUBTOTAL of Receipts This Page (optional)

750⁰⁰

TOTAL This Period (last page this line number only)

750⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ED Francis 146 A Palapa St. Kailua, HI 96734	Reimburse Travel exp. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-00	2000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code Hawaiian Airlines 3315 Koaupaka St. Hon. HI 96819	Travel - Airline tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-00	1,095. ⁰⁰
C. Full Name, Mailing Address and ZIP Code Portik Illustrations 434 Council Dr. Vienna, Va. 22180	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-00	365. ⁰⁰
D. Full Name, Mailing Address and ZIP Code Hawaiian Arts 284 Kam. Hwy Hilo, HI 96720	Printing - signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-25-00	764.06
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster General 335 Merchant St. Hon. HI 96813	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-00	10725.
F. Full Name, Mailing Address and ZIP Code Patty Cash 146 A Palapa St. Kailua, HI 96734	office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-00	1,200. ⁰⁰
G. Full Name, Mailing Address and ZIP Code Portik Illustrations Kailua Senior Citizen Fair Booth 1717 Republican St. Hon. HI 96819	Promotions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-00	50. ⁰⁰
H. Full Name, Mailing Address and ZIP Code ED Francis 146 A Palapa St Kailua, HI 96734	Reimburse Travel exp. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-24-00	2554.65
I. Full Name, Mailing Address and ZIP Code U.S. Postmaster General 335 Merchant St. Hon. HI 96813	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-00	159.33

SUBTOTAL of Disbursements This Page (optional)

8295.¹⁹

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kingdom Collectables 819 Moowaa St #101 Hon. HI 96817	fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-00	\$1,384.98
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Digital Printers 28 Pookela St. Hilo, HI 96720	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-00	998.99
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George's Aviation 2120 California Ave Wahiawa, HI 96786	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-00	870.84
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doug Fairhurst 925 Bethel St. Suite 208 Hon. HI 96813	reimburse. ofc. supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-00	249.65
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Productions Hawaii 1717 Republican St. Hon. HI 96819	Promotions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-00	234.38
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Keelen Communications P.O. Box 2776 Arlington, Va. 22202	Promotions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-00	350. ⁰⁰
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
K & D Signs & Graphics 94-1477 Waipio Wka St. #6108 Waipahu, HI 96797	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-00	1040
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doreen Batson 46-109 Kanohiki St. #3914 Kaneohe, HI 96744	reimburse ofc. supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-00	157. ⁰⁴
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Philips P.O. Box 8 Haleiwa, HI 96712	reimburse ofc. supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-00	198.63

SUBTOTAL of Disbursements This Page (optional)

4,449.91

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Russ Francis For Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doug Fairhurst 925 Bethel St. #308 Hon. HI 96813	Accounting/computer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-6-00	1000 ⁰⁰
Doreen Batson 46-109 Kaulaiki St. #3914 Kaneohe, HI 96744	Accounting Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-7-00	2423.07
Verizon PO Box 2200 Hon. HI	Phone Serv. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-7-00	30.47
Miki Blackstad 146 A Palapa St. Kailua, HI 96734	ofc rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-00	2000 ⁰⁰
Petty Cash 146 A Palapa St. Kailua, HI 96734	reimburse of exp. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-00	2500 ⁰⁰
Biq Island Radio 988 Kinole St Hilo, HI	advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-15-00	110 ⁰⁰
George's Aviation 2120 California Ave Wahiawa, HI 96786	Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-15-00	350 ⁰⁰
Kaula Union 330 Kaula Rd Kailua, HI 96734	campaign Travel-vehicle Repair Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-15-00	505 ⁰⁰
George's Aviation 2120 California Ave. Wahiawa, HI 96786	Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-21-00	345.83

9264.31

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Russ Francis for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Anderson Aviation 100 Kaula place Hon. HI</u>	<u>Travel</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11-24-00</u>	<u>165⁰⁰</u>
<u>Petty Cash 146 A Palapa St Kailua, HI 96734</u>	<u>Reimburse - Dfe Sup</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11-24-00</u>	<u>350⁰⁰</u>
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)

515.00

TOTAL This Period (last page this line number only)

22,524.47

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 2 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Creditor (in Full)	Outstanding Balance Beginning This Period	Amount Received This Period	Payment This Period	Outstanding Balance at Close of This Period
Russ Francis for Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bob Hoque 1188 Akumu St Kailua, HI 96734	6700 ⁰⁰			6700 ⁰⁰
Nature of Debt (Purpose): Professional fees				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Portik Illustrations 434 Council Dr. Vienna, VA 22180	365 ⁰⁰		365 ⁰⁰	- 0 -
Nature of Debt (Purpose): Professional Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Verizon P.O. Box 3001 Inglewood, Ca	30 ⁴⁷		30 ⁴⁷	- 0 -
Nature of Debt (Purpose): Phone serv				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor AT & T PO Box 2969 Omaha, Ne 68103	2274 ⁷⁸			2274 ⁷⁸
Nature of Debt (Purpose): Long Distance				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Public Opinion Strategies 1001 Hermosa Ave #200 Hermosa Beach, Ca 90254	2500 ⁰⁰			2500 ⁰⁰
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Communications Pacific Ampac Center 745 Fort St Hon. HI 96813	2333 ⁷⁹			2333 ⁷⁹
Nature of Debt (Purpose): Professional fees				
1) SUBTOTALS This Period This Page (optional)				13808.54
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 2 for
LINE NUMBER 122
(Use separate schedule
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Russ Francis for Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Gil Silva 135 Terraal Cir Hilo HI 96720	-0-	547 ⁵⁰		547 ⁵⁰
Nature of Debt (Purpose): Travel				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Terry Allen 104 Ashcroft Way Fairfax, Va 22032	-0-	4770.11		4770.11
Nature of Debt (Purpose): Consulting fee				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Sprint P.O. Box 219718 Kansas City Mo 64121	-0-	407.31		407.31
Nature of Debt (Purpose): Phone Serv				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
King Windward Kissan Kahukipa St Kaneohe, HI	-0-	2421.90		2421.90
Nature of Debt (Purpose): Leasing Campaign Vans				
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)				9146.82
2) TOTALS This Period (last page in this line only)				21,955.36
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				21,955.36

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 <i>11-27-00</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<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>SLI</i> PREPARER	<i>12-4-00</i> DATE PREPARED