

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

Abercrombie for Congress

ADDRESS (number and street) c/o 1357 Kapiolani Blvd, Ste. 1005

Check if different than previously reported. (ACC)

Honolulu HI 96814

2. **FEC IDENTIFICATION NUMBER** C00247379

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

HI 01

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 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 09 30 2009

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 Jack Y. Endo

Signature of Treasurer Electronically Filed by Jack Y. Endo Date 10 14 2009

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

| | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|----------------------------------------|
| Office Use Only | | | | | | | | | | FEC FORM 3 (Revised 02/2003) |
|-----------------|--|--|--|--|--|--|--|--|--|----------------------------------------|

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period: From: To:

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 0.00 | 13014.17 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 175995.00 | 175995.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | -175995.00 | -162980.83 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 47677.36 | 231709.53 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 3645.44 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 47677.36 | 228064.09 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 679337.40 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 19141.70 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Abercrombie for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 500.00 |
| (i) Itemized (use Schedule A)..... | 0.00 | 504.00 |
| (ii) Unitemized..... | 0.00 | 1004.00 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 10.17 |
| (b) Political Party Committees..... | 0.00 | 12000.00 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 13014.17 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 3645.44 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 61.77 | 4340.49 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 61.77 | 21000.10 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| 17. OPERATING EXPENDITURES..... | 47677.36 | 231709.53 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 175995.00 | 175995.00 |
| (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 20(a), (b), and (c))..... | 175995.00 | 175995.00 |
| 21. OTHER DISBURSEMENTS..... | 16000.00 | 47873.79 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 239672.36 | 455578.32 |

III. CASH SUMMARY

| | |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 918947.99 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 61.77 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 919009.76 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 239672.36 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 679337.40 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 5 / 54 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input checked="" type="checkbox"/> 15 |

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)
Abercrombie for Congress

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) First Hawaiian Bank | Date of Receipt MM / DD / YYYY 07 / 31 / 2009 |
| | Mailing Address 1580 Kapiolani Blvd. | Transaction ID: 91007.C23735 |
| | City Honolulu State HI Zip Code 96814- | Amount of Each Receipt this Period 4.71 |
| | FEC ID number of contributing federal political committee. C | Other Receipt |
| | Name of Employer N/A Occupation N/A Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4283.43 | Note: Interest Earned |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) First Hawaiian Bank | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 1580 Kapiolani Blvd. | Transaction ID: 91007.C23736 |
| | City Honolulu State HI Zip Code 96814- | Amount of Each Receipt this Period 29.18 |
| | FEC ID number of contributing federal political committee. C | Other Receipt |
| | Name of Employer N/A Occupation N/A Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4312.61 | Note: Interest Earned |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) First Hawaiian Bank | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 1580 Kapiolani Blvd. | Transaction ID: 91007.C23737 |
| | City Honolulu State HI Zip Code 96814- | Amount of Each Receipt this Period 27.88 |
| | FEC ID number of contributing federal political committee. C | Other Receipt |
| | Name of Employer N/A Occupation N/A Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4340.49 | Note: Interest Earned |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 61.77 |
| TOTAL This Period (last page this line number only) | 61.77 |

**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)

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Endo & Company, LLC</p> <p>Mailing Address 1357 Kapiolani Blvd, #1005</p> <p>City Honolulu State HI Zip Code 96814-</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 91007.E5034 Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2408.38</p> <p>Category/Type ACCOUNTING SERVICES</p> |
| <p>B. Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Ave, 40th Floor</p> <p>City Seattle State WA Zip Code 98101-</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 91007.E5040 Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 7215.45</p> <p>Category/Type LEGAL SERVICES</p> |
| <p>C. Full Name (Last, First, Middle Initial) BankCard Center</p> <p>Mailing Address P.O. Box 29450</p> <p>City Honolulu State HI Zip Code 96820-1850</p> <p>Purpose of Disbursement Credit Card Payment [See Below]</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 91007.E5039 Date of Disbursement 08 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 134.56</p> <p>Category/Type CREDIT CARD PAYMENT [SEE BELOW]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

9758.39

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

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)

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Belga Cafe</p> <p>Mailing Address 514 8th Street</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Meeting - Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 91007.E5184</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="134.56"/></p> <p>[MEMO ITEM] MEMO: MEETING - MEALS</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Ave, 40th Floor</p> <p>City Seattle State WA Zip Code 98101-</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 91007.E5124</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6951.75"/></p> <p>LEGAL SERVICES</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Endo & Company, LLC</p> <p>Mailing Address 1357 Kapiolani Blvd, #1005</p> <p>City Honolulu State HI Zip Code 96814-</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90707.E5020</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2094.24"/></p> <p>ACCOUNTING SERVICES</p> |

| | |
|-------------------------------------------------------------------------|---------------------------------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="9045.99"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

**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)

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Endo & Company, LLC | Transaction ID: 91007.E5122 Date of Disbursement 09 / 22 / 2009 |
| | Mailing Address 1357 Kapiolani Blvd, #1005 | Amount of Each Disbursement this Period 366.49 |
| | City Honolulu State HI Zip Code 96814- | |
| | Purpose of Disbursement Accounting Services Candidate Name | Category/Type |
| | 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) ▼ |
| | | ACCOUNTING SERVICES |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 91007.E5038 Date of Disbursement 08 / 10 / 2009 |
| | Mailing Address P. O. Box 9622 | Amount of Each Disbursement this Period 84.66 |
| | City Mission Hills State CA Zip Code 91346-9622 | |
| | Purpose of Disbursement Cellular Service Candidate Name | Category/Type |
| | 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) ▼ |
| | | CELLULAR SERVICE |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Hawaii State Bar Association | Transaction ID: 91007.E5030 Date of Disbursement 07 / 23 / 2009 |
| | Mailing Address 1132 Bishop St., Ste. 906 | Amount of Each Disbursement this Period 750.00 |
| | City Honolulu State HI Zip Code 96813- | |
| | Purpose of Disbursement Registration Fee Candidate Name | Category/Type |
| | 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) ▼ |
| | | REGISTRATION FEE |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1201.15 |
| TOTAL This Period (last page this line number only) | ▶ | |

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P. O. Box 9622 City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cellular Service 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) ▼ | Transaction ID: 91007.E5031 Date of Disbursement 07 / 29 / 2009 Amount of Each Disbursement this Period 85.64 CELLULAR SERVICE | |
| B. | Full Name (Last, First, Middle Initial) Alston Hunt Floyd & Ing Lawyers Mailing Address ASB Tower, 18th Floor 1001 Bishop Street City Honolulu State HI Zip Code 96813- Purpose of Disbursement Legal Services 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) ▼ | Transaction ID: 91007.E5035 Date of Disbursement 08 / 03 / 2009 Amount of Each Disbursement this Period 3478.40 LEGAL SERVICES | |
| C. | Full Name (Last, First, Middle Initial) BankCard Center Mailing Address P.O. Box 29450 City Honolulu State HI Zip Code 96820-1850 Purpose of Disbursement Credit Card Payment [See Below] 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) ▼ | Transaction ID: 91007.E5053 Date of Disbursement 09 / 05 / 2009 Amount of Each Disbursement this Period 246.37 CREDIT CARD PAYMENT [SEE BELOW] | |

| | |
|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3810.41 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Belga Cafe

Mailing Address 514 8th Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement Meeting - Meals
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91007.E5189
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|-------|
| 92.52 |
|-------|

[MEMO ITEM]
MEMO: MEETING - MEALS

B.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd, #1005

City Honolulu State HI Zip Code 96814-

Purpose of Disbursement Accounting Services
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91007.E5125
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 3 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|---------|
| 1465.97 |
|---------|

ACCOUNTING SERVICES

C.

Full Name (Last, First, Middle Initial)
Storquest - Kakaako

Mailing Address 850 Kawaiahao Street, #4th Floor

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement Storage Fee
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91007.E5044
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 129.01 |
|--------|

STORAGE FEE

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1594.98 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

**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)

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Storquest - Kakaako | Transaction ID: 90704.E5019 Date of Disbursement 07 / 01 / 2009 |
| | Mailing Address 850 Kawaiahao Street, #4th Floor | Amount of Each Disbursement this Period 129.01 |
| | City Honolulu State HI Zip Code 96813- | |
| | Purpose of Disbursement Storage Fee | Category/Type |
| | 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) ▼ |
| | | STORAGE FEE |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) First Hawaiian Bank | Transaction ID: 91007.E5193 Date of Disbursement 07 / 17 / 2009 |
| | Mailing Address 1580 Kapiolani Blvd. | Amount of Each Disbursement this Period 230.75 |
| | City Honolulu State HI Zip Code 96814- | |
| | Purpose of Disbursement Bank Charge | Category/Type |
| | 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) ▼ |
| | | BANK CHARGE |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) BankCard Center | Transaction ID: 90707.E5021 Date of Disbursement 07 / 06 / 2009 |
| | Mailing Address P.O. Box 29450 | Amount of Each Disbursement this Period 271.41 |
| | City Honolulu State HI Zip Code 96820-1850 | |
| | Purpose of Disbursement Credit Card Payment [See Below] | Category/Type |
| | 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) ▼ |
| | | CREDIT CARD PAYMENT [SEE BELOW] |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 631.17 |
| TOTAL This Period (last page this line number only) | ▶ | |

**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 checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Cindys Lei Shoppe LLC | Transaction ID: 91007.E5185 Date of Disbursement MM / DD / YYYY 07 / 06 / 2009 |
| | Mailing Address 1034 Maunakea Street | Amount of Each Disbursement this Period 271.41 |
| | City Honolulu State HI Zip Code 96817- | |
| | Purpose of Disbursement Leis for statue in Washington DC | [MEMO ITEM] MEMO: LEIS FOR STATUE IN WASHINGTON DC |
| | 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) ▼ | |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Hawaiian Host, Inc. | Transaction ID: 91007.E5032 Date of Disbursement MM / DD / YYYY 07 / 29 / 2009 |
| | Mailing Address 15601 South Avalon Blvd. | Amount of Each Disbursement this Period 362.40 |
| | City Gardena State CA Zip Code 90248- | |
| | Purpose of Disbursement Promotion - Candies | PROMOTION - CANDIES |
| | 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) ▼ | |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Aristotle International, Inc. | Transaction ID: 91007.E5027 Date of Disbursement MM / DD / YYYY 07 / 13 / 2009 |
| | Mailing Address 205 Pennsylvania Ave, SE | Amount of Each Disbursement this Period 1800.00 |
| | City Washington State DC Zip Code 20003- | |
| | Purpose of Disbursement Software Support | SOFTWARE SUPPORT |
| | 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) ▼ | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2162.40 |
| TOTAL This Period (last page this line number only) | |

**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)

PAGE 13 / 54

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Alston Hunt Floyd & Ing Lawyers | Transaction ID: 91007.E5045 Date of Disbursement 09 / 01 / 2009 |
| | Mailing Address ASB Tower, 18th Floor 1001 Bishop Street | Amount of Each Disbursement this Period 17444.38 |
| | City Honolulu State HI Zip Code 96813- | |
| | Purpose of Disbursement Legal Services | Category/ Type |
| | 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) ▼ |
| | | LEGAL SERVICES |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Storquest - Kakaako | Transaction ID: 91007.E5037 Date of Disbursement 08 / 03 / 2009 |
| | Mailing Address 850 Kawaiahao Street, #4th Floor | Amount of Each Disbursement this Period 129.01 |
| | City Honolulu State HI Zip Code 96813- | |
| | Purpose of Disbursement Storage Fee | Category/ Type |
| | 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) ▼ |
| | | STORAGE FEE |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Aristotle International, Inc. | Transaction ID: 91007.E5036 Date of Disbursement 08 / 03 / 2009 |
| | Mailing Address 205 Pennsylvania Ave, SE | Amount of Each Disbursement this Period 1800.00 |
| | City Washington State DC Zip Code 20003- | |
| | Purpose of Disbursement Software Support | Category/ Type |
| | 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) ▼ |
| | | SOFTWARE SUPPORT |

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 19373.39 |
| TOTAL This Period (last page this line number only) | ▶ | 47577.88 |

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

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Democratic Party of Hawaii Mailing Address 1050 Ala Moana Blvd #D26 City Honolulu State HI Zip Code 96814- Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 91007.E5029 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00 Category/Type |
| B. | Full Name (Last, First, Middle Initial) Diocese of Honolulu Mailing Address 1184 Bishop St City Honolulu State HI Zip Code 96813- Purpose of Disbursement CHARITABLE DONATION - KALAUPAPA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 91007.E5051 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 1500.00 Category/Type |
| C. | Full Name (Last, First, Middle Initial) Epilepsy Foundation of Hawaii Mailing Address 1240 Ala Moana Blvd., Suite 225 City Honolulu State HI Zip Code 96814- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 91007.E5042 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 1500.00 Category/Type |

| | |
|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

| | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)
HHSAA SOS Account

Transaction ID: 91007.E5050
Date of Disbursement

Mailing Address P.O. Box 62029

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96839-

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
CHARITABLE DONATION

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hawaii Council on Economic Education

Transaction ID: 91007.E5123
Date of Disbursement

Mailing Address 1136 Union Mall, Suite 310

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

| |
|--------|
| 300.00 |
|--------|

Purpose of Disbursement
CHARITABLE DONATION

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Iolani Raiders Booster Club

Transaction ID: 91007.E5028
Date of Disbursement

Mailing Address P.O. Box 3644

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96811-

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
CHARITABLE DONATION

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 2300.00 |
|---------|

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

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|--|

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)

| | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)
Friends of Ann Kobayashi

Transaction ID: 90710.E5026
Date of Disbursement

Mailing Address 3657 Waaloa Way

/ /

City Honolulu State HI Zip Code 96822-

Amount of Each Disbursement this Period

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Friends of Agnes McKelvey

Transaction ID: 91007.E5049
Date of Disbursement

Mailing Address P.O. Box 847

/ /

City Lahaina State HI Zip Code 96767-

Amount of Each Disbursement this Period

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Byrne Munoz

Transaction ID: 91007.E5046
Date of Disbursement

Mailing Address c/o KNDI Radio
1734 S King Street

/ /

City Honolulu State HI Zip Code 96826-

Amount of Each Disbursement this Period

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 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 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <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

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Friends of Dwight Takamine | Transaction ID: 91007.E5183 Date of Disbursement MM / DD / YYYY 09 / 18 / 2009 |
| | Mailing Address 230 Kekuanaoa St | Amount of Each Disbursement this Period 1000.00 |
| | City Hilo State HI Zip Code 96720- | |
| | Purpose of Disbursement NONFEDERAL CONTRIBUTION | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Friends of Rich Turbin | Transaction ID: 91007.E5052 Date of Disbursement MM / DD / YYYY 09 / 05 / 2009 |
| | Mailing Address Pacific Guardiian Center 737 Bishop St, Suite 2730 | Amount of Each Disbursement this Period 1000.00 |
| | City Honolulu State HI Zip Code 96813- | |
| | Purpose of Disbursement NONFEDERAL CONTRIBUTION | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Waianae Civic Center | Transaction ID: 91007.E5041 Date of Disbursement MM / DD / YYYY 08 / 20 / 2009 |
| | Mailing Address 85-638 Farrington Hwy | Amount of Each Disbursement this Period 500.00 |
| | City Waianae State HI Zip Code 96792- | |
| | Purpose of Disbursement CHARITABLE DONATION | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | 15800.00 |

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 checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Amefil Agbayani

Transaction ID: 91007.E5079
Date of Disbursement

Mailing Address 3432-B1 Kalihi Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96819-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 900.00 |
|--------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
W. Tyson Aldinger

Transaction ID: 91007.E5165
Date of Disbursement

Mailing Address 98 Hanupaoa Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96822-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 1785.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Steven G. Baker

Transaction ID: 91007.E5133
Date of Disbursement

Mailing Address 42-102 Kooku Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Kailua State HI Zip Code 96734-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 2300.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

4985.00

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Reb Bellinger <hr/> Mailing Address P.O. Box 513 <hr/> City Kaaawa State HI Zip Code 96730-0513 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5157 Date of Disbursement 09 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 920.00 <hr/> Category/Type 010 |
| B. | Full Name (Last, First, Middle Initial) Carolyn Berry <hr/> Mailing Address 980 Ikena Circle <hr/> City Honolulu State HI Zip Code 96821- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5127 Date of Disbursement 09 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 3000.00 <hr/> Category/Type 010 |
| C. | Full Name (Last, First, Middle Initial) Paul Lloyd Brown <hr/> Mailing Address 1200 Ala Moana Blvd, #400 <hr/> City Honolulu State HI Zip Code 96814- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5137 Date of Disbursement 09 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 5550.00 <hr/> Category/Type 010 |

SUBTOTAL of Disbursements This Page (optional) ▶

9470.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Tonia Carlson <hr/> Mailing Address 1314 S. King St #1458 <hr/> City Honolulu State HI Zip Code 96814- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5155 Date of Disbursement MM / DD / YYYY 09 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Category/ Type 010 |
| B. | Full Name (Last, First, Middle Initial) Dawn Chang <hr/> Mailing Address 45-569 Kaaluna Place <hr/> City Kaneohe State HI Zip Code 96744-3410 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5177 Date of Disbursement MM / DD / YYYY 09 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 350.00 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Category/ Type 010 |
| C. | Full Name (Last, First, Middle Initial) Queenie Chee <hr/> Mailing Address 833 Waika Place <hr/> City Honolulu State HI Zip Code 96825- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5143 Date of Disbursement MM / DD / YYYY 09 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 560.00 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Category/ Type 010 |

SUBTOTAL of Disbursements This Page (optional) ▶

2910.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Wilbert Chee

Transaction ID: 91007.E5130
Date of Disbursement

Mailing Address 833 Waika Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96825-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|--------|
| 880.00 |
|--------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Doris Ching

Transaction ID: 91007.E5098
Date of Disbursement

Mailing Address 235 Nomilo Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96825-2248

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|--------|
| 670.00 |
|--------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Cedric Choi

Transaction ID: 91007.E5065
Date of Disbursement

Mailing Address 1215 Hunakai Street #200

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|--------|
| 500.00 |
|--------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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)

PAGE 22 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Patricia Choi <hr/> Mailing Address 1215 Hunakai Street #200 <hr/> City Honolulu State HI Zip Code 96816- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5145 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 750.00 |
| B. | Full Name (Last, First, Middle Initial) Ariel F. Chun <hr/> Mailing Address P.O. Box 22070 <hr/> City Honolulu State HI Zip Code 96823- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5074 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 460.00 |
| C. | Full Name (Last, First, Middle Initial) Stuart Chun <hr/> Mailing Address 4444 Alakoa Street <hr/> City Honolulu State HI Zip Code 96818- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5176 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00 |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1710.00 |
| TOTAL This Period (last page this line number only) | |

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)

PAGE 23 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Clinton Churchill Mailing Address 1001 Kamokila Blvd. City Kapolei State HI Zip Code 96707- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 91007.E5056 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2009 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type 010 |
| B. Full Name (Last, First, Middle Initial) J. M. Comcowich Mailing Address 1120 Lualoa Street City Kailua State HI Zip Code 96734-4065 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: 91007.E5107 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2009 |
| | Amount of Each Disbursement this Period 435.00 Category/Type 010 |
| C. Full Name (Last, First, Middle Initial) James D. Cook Mailing Address 46-045 Lilipuna Road City Kaneohe State HI Zip Code 96744- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: 91007.E5110 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2009 |
| | Amount of Each Disbursement this Period 2260.00 Category/Type 010 |

SUBTOTAL of Disbursements This Page (optional) ▶

3695.00

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

**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)

PAGE 24 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Bruce A. Coppa

Transaction ID: 91007.E5068
Date of Disbursement

Mailing Address 3215 Kaohinani Drive

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96817-1042

Amount of Each Disbursement this Period

| |
|---------|
| 1300.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Christopher Dawson

Transaction ID: 91007.E5158
Date of Disbursement

Mailing Address 3375 Koapaka Street #B200

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96819-

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Traci H. Downs

Transaction ID: 91007.E5131
Date of Disbursement

Mailing Address 3732 Lurline Drive

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

| |
|---------|
| 3724.99 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 8024.99 |
|---------|

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

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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)

PAGE 25 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) J. Hunter Downs III | Transaction ID: 91007.E5117 Date of Disbursement 09 / 22 / 2009 |
| | Mailing Address 3732 Lurline Drive | Amount of Each Disbursement this Period 2300.01 |
| | City Honolulu State HI Zip Code 96816-4002 | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| B. | Full Name (Last, First, Middle Initial) John S. Edmunds | Transaction ID: 91007.E5048 Date of Disbursement 09 / 02 / 2009 |
| | Mailing Address 841 Bishop Street, Ste 2104 | Amount of Each Disbursement this Period 2000.00 |
| | City Honolulu State HI Zip Code 96813- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| C. | Full Name (Last, First, Middle Initial) Anna Elento-Sneed | Transaction ID: 91007.E5077 Date of Disbursement 09 / 17 / 2009 |
| | Mailing Address 95-1101 Kualapa Street | Amount of Each Disbursement this Period 3300.00 |
| | City Mililani State HI Zip Code 96789- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7600.01 |
| TOTAL This Period (last page this line number only) | |

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Adm Thomas B. Fargo

Transaction ID: 91007.E5083
Date of Disbursement

Mailing Address 1050 Kaimoku Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96821-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 2300.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Damien Farias

Transaction ID: 91007.E5089
Date of Disbursement

Mailing Address 320 Hana Hwy

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Kahului State HI Zip Code 96732-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 2100.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
John Farias, Jr.

Transaction ID: 91007.E5119
Date of Disbursement

Mailing Address 1233 Ikena Circle

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96821-2561

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 4000.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

8400.00

TOTAL This Period (last page this line number only)

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 checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Lyn Flanigan

Transaction ID: 91007.E5151
Date of Disbursement

Mailing Address 1645 Bertram Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96816-1928

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|--------|
| 440.00 |
|--------|

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Rockne Freitas

Transaction ID: 91007.E5141
Date of Disbursement

Mailing Address 200 W. Kawili Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Hilo State HI Zip Code 96720-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|--------|
| 440.00 |
|--------|

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
L. Richard Fried Jr.

Transaction ID: 91007.E5138
Date of Disbursement

Mailing Address 841 Bishop Street, #600

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|---------|
| 3000.00 |
|---------|

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

3880.00

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
John Garibaldi

Transaction ID: 91007.E5169
Date of Disbursement

Mailing Address 2078 Meakanu Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96821-2628

Amount of Each Disbursement this Period

| |
|---------|
| 1700.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Alan Goda

Transaction ID: 91007.E5167
Date of Disbursement

Mailing Address 127 Dowsett Ave

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96817-

Amount of Each Disbursement this Period

| |
|---------|
| 3350.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Doris K. Goto

Transaction ID: 91007.E5099
Date of Disbursement

Mailing Address 2618 Booth Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

| |
|---------|
| 1130.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 6180.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Frank Goto

Transaction ID: 91007.E5090
Date of Disbursement

Mailing Address 117 Ahui Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 1130.00 |
|---------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
David Gustafson

Transaction ID: 91007.E5087
Date of Disbursement

Mailing Address 3432 B-1 Kalihi Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96819-3080

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 670.00 |
|--------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Brook Hart

Transaction ID: 91007.E5069
Date of Disbursement

Mailing Address 333 Queen Street, #610

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 1500.00 |
|---------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Alan Hayashi

Transaction ID: 91007.E5081
Date of Disbursement

Mailing Address 207-4 Kawaihae Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96825-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 2500.00 |
|---------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Manfred Henningsen

Transaction ID: 91007.E5150
Date of Disbursement

Mailing Address 2303 Maile Way

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96822-2241

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 705.00 |
|--------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Louis Herman

Transaction ID: 91007.E5152
Date of Disbursement

Mailing Address 3620 Kawelolani Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 210.00 |
|--------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

3415.00

TOTAL This Period (last page this line number only)

**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)

PAGE 32 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Craig K. Hirai <hr/> Mailing Address 802 Puuikena Drive <hr/> City Honolulu State HI Zip Code 96821- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5063 Date of Disbursement MM / DD / YYYY 09 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 250.00 | | |
| | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| | | Category/Type 010 | |
| | | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | |
| B. Full Name (Last, First, Middle Initial) John Ho <hr/> Mailing Address 60 N. Beretania St #1301 <hr/> City Honolulu State HI Zip Code 96817- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5104 Date of Disbursement MM / DD / YYYY 09 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 880.00 | | |
| | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| | | Category/Type 010 | |
| | | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | |
| C. Full Name (Last, First, Middle Initial) Randall Y. C. Ho <hr/> Mailing Address 3876 Nikolo Street <hr/> City Honolulu State HI Zip Code 96815- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5173 Date of Disbursement MM / DD / YYYY 09 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00 | | |
| | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| | | Category/Type 010 | |
| | | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | |

SUBTOTAL of Disbursements This Page (optional) ▶

3130.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Rick Holasek

Transaction ID: 91007.E5058
Date of Disbursement

Mailing Address 3270 Beaumont Woods Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96822-1422

Amount of Each Disbursement this Period

| |
|---------|
| 3285.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Mitchell A. Imanaka

Transaction ID: 91007.E5148
Date of Disbursement

Mailing Address 3045 Wailani Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

| |
|---------|
| 2300.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Daniel M. Ishii

Transaction ID: 91007.E5088
Date of Disbursement

Mailing Address 45-663 Loihi Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Kaneohe State HI Zip Code 96744-

Amount of Each Disbursement this Period

| |
|--------|
| 690.00 |
|--------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 6275.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
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| |
|--|

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Raymond Jardine

Transaction ID: 91007.E5168
Date of Disbursement

Mailing Address 47-616 Hui Ulili Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Kaneohe State HI Zip Code 96744-

Amount of Each Disbursement this Period

| |
|---------|
| 1050.00 |
|---------|

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Harold C. Johnston

Transaction ID: 91007.E5175
Date of Disbursement

Mailing Address 2332 Kaululaau Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-1229

Amount of Each Disbursement this Period

| |
|--------|
| 750.00 |
|--------|

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Nelson Kanemoto

Transaction ID: 91007.E5146
Date of Disbursement

Mailing Address 1349B Moanalualani Way

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96819-

Amount of Each Disbursement this Period

| |
|---------|
| 2300.00 |
|---------|

Purpose of Disbursement
Refund of Contribution

| |
|-------------------|
| 010 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 4100.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
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| |
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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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Roy Kawaguchi <hr/> Mailing Address 3625 Woodlawn Terrace Place <hr/> City Honolulu State HI Zip Code 96822- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5139 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 280.00 |
| | Category/ Type 010 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| B. Full Name (Last, First, Middle Initial) Edward Alan Kennett <hr/> Mailing Address P.O. Box 156 <hr/> City Kaumakani State HI Zip Code 96747- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5095 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1150.00 |
| | Category/ Type 010 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| C. Full Name (Last, First, Middle Initial) Robert K. U. Kihune <hr/> Mailing Address 98-402 Koauka Loop <hr/> City Aiea State HI Zip Code 96701- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5170 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 3500.00 |
| | Category/ Type 010 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |

SUBTOTAL of Disbursements This Page (optional) ▶

4930.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Kelly Takaya King</p> <p>Mailing Address 72 Kalola Place</p> <p>City Kihei State HI Zip Code 96753-</p> <p>Purpose of Disbursement Refund of Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio</p> | <p>Transaction ID: 91007.E5153 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>010 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Anton C. Krucky</p> <p>Mailing Address 762 Kalanipuu Street</p> <p>City Honolulu State HI Zip Code 96825-2420</p> <p>Purpose of Disbursement Refund of Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio</p> | <p>Transaction ID: 91007.E5075 Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p>010 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Roger Kubischta</p> <p>Mailing Address 91-1054 Makaikae Street</p> <p>City Ewa Beach State HI Zip Code 96706-5113</p> <p>Purpose of Disbursement Refund of Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio</p> | <p>Transaction ID: 91007.E5171 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2150.00</p> <p>010 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4900.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
John W. H. Lam

Transaction ID: 91007.E5162
Date of Disbursement

Mailing Address P.O. Box 10625

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 2210.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Richard Lim

Transaction ID: 91007.E5136
Date of Disbursement

Mailing Address 2229 Hikino Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96821-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 2000.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
James Loomis

Transaction ID: 91007.E5109
Date of Disbursement

Mailing Address 1291 West Kuiaha Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 9 |

City Haiku State HI Zip Code 96708-4800

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 400.00 |
|--------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

4610.00

TOTAL This Period (last page this line number only)

**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)

PAGE 38 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Peter T. Manicas Mailing Address 500 University Ave, Apt. 2404 City Honolulu State HI Zip Code 96826- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5061 Date of Disbursement 09 / 16 / 2009 Amount of Each Disbursement this Period 1330.00 010 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Sean C. Martin Mailing Address 720 Nunu Street City Kailua State HI Zip Code 96734- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5134 Date of Disbursement 09 / 25 / 2009 Amount of Each Disbursement this Period 1800.00 010 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Michael Matsumoto Mailing Address 333 Kupu Place City Honolulu State HI Zip Code 96817-1444 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5149 Date of Disbursement 09 / 25 / 2009 Amount of Each Disbursement this Period 4400.00 010 Category/ Type |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7530.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Theolinda Matsumoto <hr/> Mailing Address 333 Kupu Place <hr/> City Honolulu State HI Zip Code 96817- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5132 Date of Disbursement 09 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 2300.00 |
| | |
| B. Full Name (Last, First, Middle Initial) Scott A. Matsuura <hr/> Mailing Address 21 Hapua Place <hr/> City Wailuku State HI Zip Code 96793-2934 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5135 Date of Disbursement 09 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 2200.00 |
| | |
| C. Full Name (Last, First, Middle Initial) Kathy Ann McElrath <hr/> Mailing Address 503 Puuikena Drive <hr/> City Honolulu State HI Zip Code 96821-2506 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name | Transaction ID: 91007.E5060 Date of Disbursement 09 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 1340.00 |
| | |

SUBTOTAL of Disbursements This Page (optional) ▶

5840.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
George A. Morris

Transaction ID: 91007.E5115
Date of Disbursement

Mailing Address 45-302 Puuloko Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 9 |

City Kaneohe State HI Zip Code 96744-

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-----|
| 010 |
|-----|

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Cynthia T. Nachtigall

Transaction ID: 91007.E5066
Date of Disbursement

Mailing Address 940 Maunawili Circle

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 0 | 9 |

City Kailua State HI Zip Code 96734-

Amount of Each Disbursement this Period

| |
|---------|
| 2180.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-----|
| 010 |
|-----|

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Emilie Nachtigall

Transaction ID: 91007.E5093
Date of Disbursement

Mailing Address 940 Maunawili Circle

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City Kailua State HI Zip Code 96734-

Amount of Each Disbursement this Period

| |
|--------|
| 460.00 |
|--------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-----|
| 010 |
|-----|

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 8640.00 |
|---------|

TOTAL This Period (last page this line number only)

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| |
|--|

**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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Nathan Nachtigall Mailing Address 940 Maunawili Circle City Kailua State HI Zip Code 96734- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5147 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9 Amount of Each Disbursement this Period 460.00 010 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Robert H. Nagao Mailing Address 347 Hanamaulu Street City Honolulu State HI Zip Code 96825- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5142 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9 Amount of Each Disbursement this Period 300.00 010 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Deane Neubauer Mailing Address 3454 Oahu Ave City Honolulu State HI Zip Code 96822- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5085 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 940.00 010 Category/ Type |

| | |
|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1700.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Joseph Nicolai Mailing Address 2999 N. Nimitz Hwy City Honolulu State HI Zip Code 96819- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5121 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9 Amount of Each Disbursement this Period 3250.00 010 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Hakim Ouansafi Mailing Address 5763 Kalaniana'ole Hwy City Honolulu State HI Zip Code 96821-2330 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5118 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9 Amount of Each Disbursement this Period 3000.00 010 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) William R. Pfister Mailing Address 733 Bishop Street, Ste 2800 City Honolulu State HI Zip Code 96813- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5164 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 Amount of Each Disbursement this Period 1210.00 010 Category/ Type |

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 7460.00 |
| TOTAL This Period (last page this line number only) | |

**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)

PAGE 43 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Andrew K. Poepoe

Transaction ID: 91007.E5078
Date of Disbursement

Mailing Address 456 Wanaao Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Kailua State HI Zip Code 96734-

Amount of Each Disbursement this Period

| |
|--------|
| 900.00 |
|--------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
John Priolo

Transaction ID: 91007.E5105
Date of Disbursement

Mailing Address 2417 Auhuhu Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 9 |

City Pearl City State HI Zip Code 96782-

Amount of Each Disbursement this Period

| |
|---------|
| 1590.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Robert Putes

Transaction ID: 91007.E5166
Date of Disbursement

Mailing Address 47-336 Hui Koloa Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Kaneohe State HI Zip Code 96744-

Amount of Each Disbursement this Period

| |
|---------|
| 1420.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3910.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
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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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Diane Radcliffe | Transaction ID: 91007.E5100 Date of Disbursement 09 / 18 / 2009 |
| | Mailing Address 1010 Wilder Ave, #703 | Amount of Each Disbursement this Period 2000.00 |
| | City Honolulu State HI Zip Code 96822- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| B. | Full Name (Last, First, Middle Initial) John Radcliffe | Transaction ID: 91007.E5120 Date of Disbursement 09 / 22 / 2009 |
| | Mailing Address 1010 Wilder Ave, #703 | Amount of Each Disbursement this Period 2000.00 |
| | City Honolulu State HI Zip Code 96822-2656 | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| C. | Full Name (Last, First, Middle Initial) Romy S. Radcliffe | Transaction ID: 91007.E5140 Date of Disbursement 09 / 25 / 2009 |
| | Mailing Address 4389 Malia Street | Amount of Each Disbursement this Period 1500.00 |
| | City Honolulu State HI Zip Code 96816- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Henk Rogers

Transaction ID: 91007.E5159
Date of Disbursement

Mailing Address 1288 Ala Moana Blvd #38H

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|---------|
| 2300.00 |
|---------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Eric Schiff

Transaction ID: 91007.E5161
Date of Disbursement

Mailing Address 5524 Pia Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96821-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|--------|
| 600.00 |
|--------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Carl Schlack

Transaction ID: 91007.E5160
Date of Disbursement

Mailing Address 745 Fort Street Mall Ste 1500

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-3816

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution

010
Category/
Type

| |
|---------|
| 1150.00 |
|---------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

4050.00

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Abelina Madrid Shaw

Transaction ID: 91007.E5082
Date of Disbursement

Mailing Address 3783 Kumulani Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96822-1113

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 235.00 |
|--------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Theresa M. Shelby

Transaction ID: 91007.E5156
Date of Disbursement

Mailing Address 415 South Street #504

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 2250.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Aleli Starosta

Transaction ID: 91007.E5080
Date of Disbursement

Mailing Address 1607 Ruth Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96816-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 465.00 |
|--------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

2950.00

TOTAL This Period (last page this line number only)

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)

PAGE 47 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Yuriko J. Sugimura | Transaction ID: 91007.E5129 Date of Disbursement 09 / 25 / 2009 |
| | Mailing Address 98-340 Koauka Loop, #112 | Amount of Each Disbursement this Period 250.00 |
| | City Aiea State HI Zip Code 96701- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| B. | Full Name (Last, First, Middle Initial) Yoshito Takamine | Transaction ID: 91007.E5128 Date of Disbursement 09 / 25 / 2009 |
| | Mailing Address P.O. Box 608 | Amount of Each Disbursement this Period 465.00 |
| | City Honokaa State HI Zip Code 96727- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| C. | Full Name (Last, First, Middle Initial) Carl Takamura | Transaction ID: 91007.E5067 Date of Disbursement 09 / 17 / 2009 |
| | Mailing Address 6770 Hawaii Kai Dr #802 | Amount of Each Disbursement this Period 285.00 |
| | City Honolulu State HI Zip Code 96825- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Eric Takamura | Transaction ID: 91007.E5092 Date of Disbursement 09 / 18 / 2009 |
| | Mailing Address 158 Dowsett Avenue | Amount of Each Disbursement this Period 2000.00 |
| | City Honolulu State HI Zip Code 96817- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| B. | Full Name (Last, First, Middle Initial) Cynthia Takenaka | Transaction ID: 91007.E5062 Date of Disbursement 09 / 16 / 2009 |
| | Mailing Address 516 Kawaihae Street, Apt. E | Amount of Each Disbursement this Period 920.00 |
| | City Honolulu State HI Zip Code 96825- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| C. | Full Name (Last, First, Middle Initial) Gerald Takeuchi | Transaction ID: 91007.E5172 Date of Disbursement 09 / 28 / 2009 |
| | Mailing Address 3515 Woodlawn Drive | Amount of Each Disbursement this Period 1000.00 |
| | City Honolulu State HI Zip Code 96822- | |
| | Purpose of Disbursement Refund of Contribution Candidate Name | 010 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |

SUBTOTAL of Disbursements This Page (optional)

3920.00

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Anthony Takitani

Transaction ID: 91007.E5076
Date of Disbursement

Mailing Address 24 N Church St #409

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

City State Zip Code
Wailuku HI 96793-

Amount of Each Disbursement this Period

| |
|---------|
| 1050.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Gilbert Tam

Transaction ID: 91007.E5114
Date of Disbursement

Mailing Address P.O. Box 88184

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 9 |

City State Zip Code
Honolulu HI 96830-8184

Amount of Each Disbursement this Period

| |
|---------|
| 1550.00 |
|---------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Eugene Tiwanak

Transaction ID: 91007.E5091
Date of Disbursement

Mailing Address 98-406 Kaonohi Street, #6

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City State Zip Code
Aiea HI 96701-

Amount of Each Disbursement this Period

| |
|--------|
| 350.00 |
|--------|

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 2950.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

**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)

PAGE 50 / 54

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Charles T. Toguchi

Transaction ID: 91007.E5064
Date of Disbursement

Mailing Address 47-640 Hui Ulili St

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 0 | 9 |

City Kaneohe State HI Zip Code 96744-4607

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 250.00 |
|--------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Dr. Lawrence K. W. Tseu

Transaction ID: 91007.E5096
Date of Disbursement

Mailing Address 1441 Kapiolani Blvd., Ste. 708

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|---------|
| 4600.00 |
|---------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Keiko Ura

Transaction ID: 91007.E5154
Date of Disbursement

Mailing Address 2412 Huene Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 0 | 9 |

City Honolulu State HI Zip Code 96817-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

| |
|-------------------|
| 010 |
| Category/ Type |

| |
|--------|
| 670.00 |
|--------|

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 5520.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Arthur Ushijima <hr/> Mailing Address 1379 Aupula Place <hr/> City Kailua State HI Zip Code 96734- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5072 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 3650.00 |
| | Category/ Type 010 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| B. Full Name (Last, First, Middle Initial) John Waihee <hr/> Mailing Address 333 Queen Street, Apt. 608 <hr/> City Honolulu State HI Zip Code 96813-4716 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5103 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 4200.00 |
| | Category/ Type 010 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |
| C. Full Name (Last, First, Middle Initial) William J. Wilson <hr/> Mailing Address 2521 Halekoa Drive <hr/> City Honolulu State HI Zip Code 96821- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio | Transaction ID: 91007.E5126 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1200.00 |
| | Category/ Type 010 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio |

SUBTOTAL of Disbursements This Page (optional) ▶

9050.00

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

**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 checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Pauline Worsham

Mailing Address 78 Kuuala Street

City Kailua State HI Zip Code 96734-

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

Transaction ID: 91007.E5144
Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)
Alan T. Yamamoto

Mailing Address P.O. Box 442

City Honolulu State HI Zip Code 96809-0442

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
Other Prior Electio

Transaction ID: 91007.E5059
Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

3100.00

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

174995.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | | |
|---------------------------------------------------|--------------------------------------|----------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 53 / 54 | |
| | FOR LINE NUMBER: (check only one) | <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 Abercrombie for Congress

| | | | |
|----------------------------------------------------------------------------------------------|-------------|--------------------|-------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Abercrombie for Governor | | | Nature of Debt (Purpose): Note: Reimb. Shared Legal Fees |
| Mailing Address 1050 Ala Moana Blvd #D28 | | | |
| City Honolulu | State HI | ZIP Code 96814- | |

| | | | |
|-------------------------------------------|---------------------|---------------------------------------------|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90710.C23733 | |
| 19141.70 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 19141.70 | |

| | |
|------------------------------------------------------------------------------------------------|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 19141.70 |
| 2) TOTALS This Period (last page this line number only)..... | 19141.70 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 19141.70 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| | | | |
|------------------------------------------------------------------------------------------------|-------------|--------------------|--------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Endo & Company, LLC | | | Nature of Debt (Purpose): Accounting Services |
| Mailing Address 1357 Kapiolani Blvd, #1005 | | | |
| City Honolulu | State HI | ZIP Code 96814- | |

| | | | |
|------------------------------------------------------|--------------------------------|-----------------------------------------------------|--|
| Outstanding Balance Beginning This Period 2094.24 | | Transaction ID: LS90707.E5020 | |
| Amount Incurred This Period 0.00 | Payment This Period 2094.24 | Outstanding Balance at Close of This Period 0.00 | |

| | | | |
|---------------------------------------------------------------------------------------------|-------------|--------------------|---------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie LLP | | | Nature of Debt (Purpose): Legal Services |
| Mailing Address 1201 Third Ave, 40th Floor | | | |
| City Seattle | State WA | ZIP Code 98101- | |

| | | | |
|------------------------------------------------------|--------------------------------|-----------------------------------------------------|--|
| Outstanding Balance Beginning This Period 7215.45 | | Transaction ID: LS91007.E5040 | |
| Amount Incurred This Period 0.00 | Payment This Period 7215.45 | Outstanding Balance at Close of This Period 0.00 | |

| | | |
|------------------------------------------------------------------------------------------------|---|------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 0.00 |