

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)
Democratic Party of Hawaii

Transaction ID: 91007.E5029
Date of Disbursement

Mailing Address 1050 Ala Moana Blvd #D26

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

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION

Category/ Type

2500.00

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
Diocese of Honolulu

Transaction ID: 91007.E5051
Date of Disbursement

Mailing Address 1184 Bishop St

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

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

Purpose of Disbursement
CHARITABLE DONATION - KALAUPAPA

Category/ Type

1500.00

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
Epilepsy Foundation of Hawaii

Transaction ID: 91007.E5042
Date of Disbursement

Mailing Address 1240 Ala Moana Blvd., Suite 225

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

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

Purpose of Disbursement
CHARITABLE DONATION

Category/ Type

1500.00

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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