

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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)).....	32240.00	1378970.14
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4910.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32240.00	1374060.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	95857.59	878842.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	248.17	2379.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95609.42	876463.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1108356.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	24530.28	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
10195.00	660521.68	0.00																																																
(ii) Unitemized																																																		
8220.00	29806.00	0.00																																																
(iii) Total of contributions from individuals																																																		
18415.00	690327.68	0.00																																																
(b) Political Party Committees																																																		
0.00	77.46	0.00																																																
(c) Other Political Committees																																																		
13825.00	688565.00	0.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
32240.00	1378970.14	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
248.17	2379.22	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
2261.57	59151.25	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
34749.74	1440500.61	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Abercrombie for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
95857.59	878842.37	5059.38
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	1900.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	3010.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	4910.00	0.00
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21. OTHER DISBURSEMENTS

35500.00	142593.00	500.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

131357.59	1026345.37	5559.38
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

32240.00	1374060.14	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

95609.42	876463.15	5059.38
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	1204964.09
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	34749.74
25. SUBTOTAL(add Line 23 and Line 24)	1239713.83
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	131357.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	1108356.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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

<p>A. Full Name (Last, First, Middle Initial) Traci H. Downs</p> <p>Mailing Address 3732 Lurline Drive</p> <p>City State Zip Code Honolulu HI 96816</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Archinoetics Occupation Principal Owner/COO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2324.99</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</p> <p>Transaction ID: 81031.C23552</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) A. Bernard Bays</p> <p>Mailing Address 1099 Alakea Street, 16th Floor</p> <p>City State Zip Code Honolulu HI 96813</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bays Deaver Hiatt Lung Rose Occupation Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2050.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: 81027.C23500</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Jerome M. Comcowich</p> <p>Mailing Address 1120 Lauoa Street</p> <p>City State Zip Code Kailua HI 96734-4065</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer University of Hawaii Occupation Teacher</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: 81027.C23468</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Daniel J. Dever

Mailing Address 6301 Pali Highway

City Kaneohe State HI Zip Code 96744

FEC ID number of contributing federal political committee. C

Name of Employer Catholic Diocese of Hawaii Occupation Priest

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81031.C23523

Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Sinclair Grove

Mailing Address 2751 Kapiolani Blvd #406

City Honolulu State HI Zip Code 96826

FEC ID number of contributing federal political committee. C

Name of Employer University of Hawaii Occupation Faculty

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 330.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81031.C23600

Amount of Each Receipt this Period 30.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2303 Maile Way

City Honolulu State HI Zip Code 96822-2241

FEC ID number of contributing federal political committee. C

Name of Employer University of Hawaii at Manoa Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 455.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81027.C23473

Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Lea Hong

Mailing Address 55 S. Kukui Street #409

City Honolulu State HI Zip Code 96813

FEC ID number of contributing federal political committee. C

Name of Employer The Trust for Public Land Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81027.C23474

Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Patti J. Lyons

Mailing Address 3057 Papali Street

City Honolulu State HI Zip Code 96819

FEC ID number of contributing federal political committee. C

Name of Employer Alger Foundation Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 255.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81031.C23556

Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter Manicas

Mailing Address 500 University Ave, Apt. 2404

City Honolulu State HI Zip Code 96826

FEC ID number of contributing federal political committee. C

Name of Employer University of Hawaii Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 910.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81027.C23514

Amount of Each Receipt this Period 50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 54
	<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Myles M. Nakatsu		Date of Receipt
	Mailing Address 98-1784 Hapaki Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Aiea	HI	96701
	FEC ID number of contributing federal political committee. C		Transaction ID: 81027.C23463
Name of Employer State Dept. of Defense		Occupation Dep. Adjut. Gen.	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 400.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Leslie H. Ogawa		Date of Receipt
	Mailing Address 1122 Elm Street, #703		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Honolulu	HI	96814
	FEC ID number of contributing federal political committee. C		Transaction ID: 81027.C23498
Name of Employer Hawaii Stevedores Inc.		Occupation Maintenance Engineer	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 350.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) James S. Ogsu		Date of Receipt
	Mailing Address 1236 Kamaile Street, Apt. D1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Honolulu	HI	96814
	FEC ID number of contributing federal political committee. C		Transaction ID: 81104.C23657
Name of Employer Retired		Occupation N/A	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 405.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
James S. Ogsu

Mailing Address 1236 Kamaile Street, Apt. D1

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 455.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 81104.C23656
 Amount of Each Receipt this Period 50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Miriam Okuda

Mailing Address 3132 Waiialae Ave

City Honolulu State HI Zip Code 96816

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Landlord

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 81126.C23698
 Amount of Each Receipt this Period 75.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Glenda H. Paige

Mailing Address 3653 Tantalus Drive

City Honolulu State HI Zip Code 96822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81027.C23489
 Amount of Each Receipt this Period 75.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Rai Saint Chu	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 4817 Kahala Ave	Transaction ID: 81027.C23459
	City State Zip Code Honolulu HI 96816	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Occupation Attorney	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 660.00

B.	Full Name (Last, First, Middle Initial) Gareth K. Sakakida	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 99-707 Meaala Street	Transaction ID: 81027.C23488
	City State Zip Code Aiea HI 96701-3587	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hawaii Transportation Assn Occupation Consultant	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 330.00

C.	Full Name (Last, First, Middle Initial) Aleli Starosta	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 1607 Ruth Place	Transaction ID: 81031.C23545
	City State Zip Code Honolulu HI 96816	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Dept of Education Occupation Teacher	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 255.00

SUBTOTAL of Receipts This Page (optional)	325.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Norman T. Taira
Mailing Address 46-226 Punawai Street
City Kaneohe State HI Zip Code 96744
FEC ID number of contributing federal political committee. C

Date of Receipt M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8
Transaction ID: 81031.C23543
Amount of Each Receipt this Period 100.00

Name of Employer Retired Occupation N/A
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Yoshito Takamine
Mailing Address P.O. Box 608
City Honokaa State HI Zip Code 96727
FEC ID number of contributing federal political committee. C

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8
Transaction ID: 81027.C23494
Amount of Each Receipt this Period 25.00

Name of Employer Retired Occupation N/A
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gilbert K.T. Tam
Mailing Address P.O. Box 88184
City Honolulu State HI Zip Code 96830-8184
FEC ID number of contributing federal political committee. C

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8
Transaction ID: 81126.C23678
Amount of Each Receipt this Period 50.00

Name of Employer Telecom/Sandwich Isles Co-m. Occupation Administrator
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 175.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Filo Tu
Mailing Address 1720 Huna Street #103
City Honolulu State HI Zip Code 96817
FEC ID number of contributing federal political committee. **C**
Name of Employer Blind Vendors Ohana, Inc. Occupation President & CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 10 / 30 / 2008
Transaction ID: 81031.C23611
Amount of Each Receipt this Period 200.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sheldon S.H. Zane
Mailing Address 999 Wilder Avenue #1203
City Honolulu State HI Zip Code 96822
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Developer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 830.00
Date of Receipt 10 / 20 / 2008
Transaction ID: 81027.C23466
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sheldon S.H. Zane
Mailing Address 999 Wilder Avenue #1203
City Honolulu State HI Zip Code 96822
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Developer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 930.00
Date of Receipt 10 / 27 / 2008
Transaction ID: 81031.C23582
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 400.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 54
	<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Arthur Ushijima	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 1379 Aupula Place	Transaction ID: 81027.C23465
	City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Queens Medical Center Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2600.00	

B.	Full Name (Last, First, Middle Initial) Morongo Band of Mission Indians	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 11581 Potrero Road	Transaction ID: 81104.C23644
	City State Zip Code Banning CA 92220	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/A N/A	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00	

C.	Full Name (Last, First, Middle Initial) Roy Kawaguchi	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 3625 Woodlawn Terrace Place	Transaction ID: 81027.C23511
	City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Retired N/A	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Dr. John Sender

Mailing Address 37 Prospect Street

City Honolulu State HI Zip Code 96813-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer Novasol Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2025.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 81031.C23569
 Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Donald Weir

Mailing Address 1021 Akumu Street

City Kailua State HI Zip Code 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Hawaii Occupation Researcher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81027.C23479
 Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Samuel A. Cooke

Mailing Address P.O. Box 2900

City Honolulu State HI Zip Code 96846-1900

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1650.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81027.C23483
 Amount of Each Receipt this Period 150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Queenie Chee

Mailing Address 833 Waika Place

City Honolulu State HI Zip Code 96825

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 560.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 81031.C23538
 Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Karl Stahlkopf

Mailing Address 2350 Pacific Heights Road

City Honolulu State HI Zip Code 96813

FEC ID number of contributing federal political committee. **C**

Name of Employer HEI, Inc. Occupation Chief Technical Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 10 / 27 / 2008
Transaction ID: 81031.C23593
 Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lance Inouye

Mailing Address 3280 Pauma Place

City Honolulu State HI Zip Code 96822

FEC ID number of contributing federal political committee. **C**

Name of Employer Ralph S. Inouye Company Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1485.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81027.C23485
 Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
H.K. Bruss Keppeler

Mailing Address P.O. Box 1319

City State Zip Code
Honolulu HI 96807-1319

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
JTSI Inc. Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 505.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2008

Transaction ID: 81027.C23487

Amount of Each Receipt this Period
25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

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

Mailing Address 3270 Beaumont Woods Place

City State Zip Code
Honolulu HI 96822-1422

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Novasol Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3075.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2008

Transaction ID: 81031.C23564

Amount of Each Receipt this Period
25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

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

Mailing Address 47-640 Hui Ulili St

City State Zip Code
Kaneohe HI 96744-4607

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Govt Affairs Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2008

Transaction ID: 81031.C23612

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 54
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

<p>A. Full Name (Last, First, Middle Initial) Pauline Worsham</p> <p>Mailing Address 78 Kuuala Street</p> <p>City State Zip Code Kailua HI 96734</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pauline Worsham Marketing Principal</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">600.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p>Transaction ID: 81031.C23527</p> <p>Amount of Each Receipt this Period 100.00 </p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	8												

<p>B. Full Name (Last, First, Middle Initial) Jan Elliott</p> <p>Mailing Address 2969 Kalakaua Ave #204</p> <p>City State Zip Code Honolulu HI 96815</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Investor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p>Transaction ID: 81104.C23646</p> <p>Amount of Each Receipt this Period 500.00 </p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	8												

<p>C. Full Name (Last, First, Middle Initial) James P. Sharp</p> <p>Mailing Address 511 Hahaione Street, #3D</p> <p>City State Zip Code Honolulu HI 96825</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Aloha State Sales Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p>Transaction ID: 81027.C23519</p> <p>Amount of Each Receipt this Period 50.00 </p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Jadine Nielsen

Mailing Address One Keahole Place #3611

City Honolulu State HI Zip Code 96825

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 81031.C23535
 Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Puni Akana

Mailing Address 45-330 Kenela Street

City Kaneohe State HI Zip Code 96744

FEC ID number of contributing federal political committee. **C**

Name of Employer Native Hawn Veterans LLC Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81027.C23499
 Amount of Each Receipt this Period 50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cheryl Hawes

Mailing Address 92-1120 Olani Street, Apt 2

City Kapolei State HI Zip Code 96707

FEC ID number of contributing federal political committee. **C**

Name of Employer Housewife Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 81031.C23537
 Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Karl Chang

Mailing Address 2449 Sonoma Street

City Honolulu State HI Zip Code 96822

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Electrical Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 50.00

Transaction ID: 81027.C23501

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gordon J. Keene

Mailing Address 10512 19th Ave SE, Ste 300

City Everett State WA Zip Code 98208

FEC ID number of contributing federal political committee. **C**

Name of Employer ABBA International Inc Occupation Intl Freight Forwarder

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 1000.00

Transaction ID: 81028.C23521

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Tobi J. Solidum

Mailing Address 1314 S. King Street #1458

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 40.00

Transaction ID: 81031.C23614

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1090.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

<p>A. Full Name (Last, First, Middle Initial) Mark Duda</p> <p>Mailing Address 2018 Oswald Street</p> <p>City State Zip Code Honolulu HI 96816</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SunTech Hawaii VP of Finance</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 8</p> <p>Transaction ID: 81021.C23451</p> <p>Amount of Each Receipt this Period 750.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Todd Georgopapadacos</p> <p>Mailing Address 41-719 Kakaina Street</p> <p>City State Zip Code Waimanalo HI 96795</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SunTech Hawaii VP of Business Dev</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 8</p> <p>Transaction ID: 81021.C23452</p> <p>Amount of Each Receipt this Period 750.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Kelly Takaya King</p> <p>Mailing Address 72 Kalola Place</p> <p>City State Zip Code Kihei HI 96753</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pacific Biodiesel, Inc Vice President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8</p> <p>Transaction ID: 81031.C23589</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 54
	<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Laurent Jacques Scallie	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 874 Dillingham Blvd Bldg 12	Transaction ID: 81031.C23613
	City State Zip Code Honolulu HI 96817-4505	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Atlantis Cyberspace, Inc. CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Napoleon Brandford	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 1999 Harrison Street, Ste 2720	Transaction ID: 81031.C23619
	City State Zip Code Oakland CA 94612	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) David Rowe	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address P.O. Box 4359	Transaction ID: 81104.C23645
	City State Zip Code Torrance CA 90510	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Jet Forwarding Inc. President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	10195.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Intl Brotherhood of Teamsters DRIVE
Mailing Address 25 Louisiana Ave NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: 81031.C23618

Amount of Each Receipt this Period
4000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Am Fed of State County&Muni Emplie AFLCI
Mailing Address 1625 L Street NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 81104.C23668

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC
Mailing Address 1640 Rhode Island Ave NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2025.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 81031.C23616

Amount of Each Receipt this Period
25.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Note: Website Advocacy

SUBTOTAL of Receipts This Page (optional) ► **5025.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Safari Club International PAC

Mailing Address 4800 W. Gates Pas Road

City Tucson State AZ Zip Code 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 10 / 18 / 2008
Transaction ID: 81018.C23449
 Amount of Each Receipt this Period 4000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Build PAC

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 11 / 03 / 2008
Transaction ID: 81104.C23667
 Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Afnogak Native Corp Alutiq PAC

Mailing Address 3909 Arctic Blvd #400

City Anchorage State AK Zip Code 99503

FEC ID number of contributing federal political committee. **C** C00443937

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 81115.C23669
 Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 54
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
IPAA Wildcatters Fund

Mailing Address 1201 15th Street, NW, Ste 300

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 10 / 31 / 2008
Transaction ID: 81031.C23617
 Amount of Each Receipt this Period 1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
The Dow Chemical Employees PAC

Mailing Address 2030 Dow Center

City Midland State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 10 / 22 / 2008
Transaction ID: 81022.C23454
 Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
VFW - PAC, Inc.

Mailing Address 200 Maryland Ave, NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00113001

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81021.C23453
 Amount of Each Receipt this Period 1300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3300.00

TOTAL This Period (last page this line number only) ► 13825.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 54	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
UPS Corporation

Mailing Address 55 Glenlake Parkway, NE

City Atlanta State GA Zip Code 30328-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
231.67

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 0 8

Transaction ID: 81031.C23578

Amount of Each Receipt this Period
231.67

Offsets to Operating Expenditure
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Note: Refund Claim

SUBTOTAL of Receipts This Page (optional)	▶	231.67
TOTAL This Period (last page this line number only)	▶	231.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 54	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<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
Mailing Address 1580 Kapiolani Blvd.		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
Honolulu	HI	96814-
FEC ID number of contributing federal political committee.		Transaction ID: 81119.C23671
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2261.57"/>
Name of Employer N/A	Occupation N/A	Other Receipt
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="59151.25"/>	Note: Interest Earned
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2261.57"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2261.57"/>

**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) Lezley P. Faleafine <hr/> Mailing Address 98-1030 Moanalua Rd, #302 <hr/> City Honolulu State HI Zip Code 96701- <hr/> Purpose of Disbursement Website Maintenance Candidate Name _____ <hr/> 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: 81115.E4785 Date of Disbursement 11 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE MAINTENANCE
B.	Full Name (Last, First, Middle Initial) Hawaiian Telcom <hr/> Mailing Address P. O. Box 30770 <hr/> City Honolulu State HI Zip Code 96820- <hr/> Purpose of Disbursement Telephone Service Candidate Name _____ <hr/> 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: 81104.E4779 Date of Disbursement 11 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 301.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE SERVICE
C.	Full Name (Last, First, Middle Initial) Herbert Chun dba LVHawaii <hr/> Mailing Address 1717 Mott-Smith Drive, #1506 <hr/> City Honolulu State HI Zip Code 96822- <hr/> Purpose of Disbursement Computer Consulting Candidate Name _____ <hr/> 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: 81126.E4806 Date of Disbursement 11 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 522.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPUTER CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	1574.49
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 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) Fiorello Consulting</p> <p>Mailing Address 3914 Barcroft Mews Court</p> <p>City Falls Church State VA Zip Code 22041-</p> <p>Purpose of Disbursement Consulting - Fundraising</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: 81104.E4765 Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONSULTING - FUNDRAISING</p>
<p>B. 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 Service</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: 81104.E4778 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 3036.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACCOUNTING SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) William M. Kaneko</p> <p>Mailing Address 1040 19th Ave</p> <p>City Honolulu State HI Zip Code 96816-</p> <p>Purpose of Disbursement Consulting - Fundraiser</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: 81104.E4770 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 3135.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONSULTING - FUNDRAISER</p>

SUBTOTAL of Disbursements This Page (optional)	9671.65
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. Full Name (Last, First, Middle Initial) Polynesian Broadcasting, Inc.</p> <p>Mailing Address P.O. Box 61335</p> <p>City Honolulu State HI Zip Code 96839-</p> <p>Purpose of Disbursement Advertising</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: 81018.E4721</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1570.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ADVERTISING</p>
<p>B. Full Name (Last, First, Middle Initial) William M. Kaneko</p> <p>Mailing Address 1040 19th Ave</p> <p>City Honolulu State HI Zip Code 96816-</p> <p>Purpose of Disbursement Consulting - Fundraising</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: 81126.E4804</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3135.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONSULTING - FUNDRAISING</p>
<p>C. Full Name (Last, First, Middle Initial) Fiorello Consulting</p> <p>Mailing Address 3914 Barcroft Mews Court</p> <p>City Falls Church State VA Zip Code 22041-</p> <p>Purpose of Disbursement Reimb. Cost [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: 81027.E4750</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 83.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMB. COST [SEE BELOW]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4788.93

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 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)
National Democratic Club

Mailing Address 30 Ivy Street, S.E.

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: 81119.E4792
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Amount of Each Disbursement this Period

83.25

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

[MEMO ITEM]

MEMO: MEETING - MEALS

B.

Full Name (Last, First, Middle Initial)
QMark Research

Mailing Address 1003 Bishop St, 9th Floor

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
Congressional Survey
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81018.E4719
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

30575.90

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

CONGRESSIONAL SURVEY

C.

Full Name (Last, First, Middle Initial)
Arrow Mailing Service

Mailing Address P.O. Box 30406

City Honolulu State HI Zip Code 96820-

Purpose of Disbursement
Mailing Service
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81027.E4749
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Amount of Each Disbursement this Period

1073.55

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

MAILING SERVICE

SUBTOTAL of Disbursements This Page (optional)

31649.45

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 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) First Hawaiian Bank	Transaction ID: 81119.E4789 Date of Disbursement 10 / 20 / 2008
	Mailing Address 1580 Kapiolani Blvd.	Amount of Each Disbursement this Period 323.68
	City Honolulu State HI Zip Code 96814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Charges 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) ▼
		BANK CHARGES

B.	Full Name (Last, First, Middle Initial) Kamaki Kanahele	Transaction ID: 81028.E4754 Date of Disbursement 10 / 27 / 2008
	Mailing Address 89-188 Farrington Hwy	Amount of Each Disbursement this Period 300.00
	City Waianae State HI Zip Code 96792-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Blessing at Fundraiser 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) ▼
		BLESSING AT FUNDRAISER

C.	Full Name (Last, First, Middle Initial) Irene Isa Takizawa	Transaction ID: 81104.E4772 Date of Disbursement 11 / 03 / 2008
	Mailing Address 1239 Olomea Street	Amount of Each Disbursement this Period 522.50
	City Honolulu State HI Zip Code 96817-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative 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) ▼
		ADMINISTRATIVE SERVICES

SUBTOTAL of Disbursements This Page (optional)	▶	1146.18
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	Transaction ID: 81104.E4780 Date of Disbursement 11 / 04 / 2008
	Mailing Address P. O. Box 9622	Amount of Each Disbursement this Period 7.65
	City Mission Hills State CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cellular Service Candidate Name	CELLULAR SERVICE
	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) Ward Plaza - Warehouse LLC	Transaction ID: 81104.E4768 Date of Disbursement 11 / 03 / 2008
	Mailing Address P.O. Box 31000	Amount of Each Disbursement this Period 2876.04
	City Honolulu State HI Zip Code 96849-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	RENT
	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) McNeil Wilson Communications, Inc.	Transaction ID: 81027.E4751 Date of Disbursement 10 / 23 / 2008
	Mailing Address Pauahi Tower, Ste 950 1003 Bishop Street	Amount of Each Disbursement this Period 3899.58
	City Honolulu State HI Zip Code 96813-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Buys [See Below] Candidate Name	MEDIA BUYS [SEE BELOW]
	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)	6783.27
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) Honolulu Advertiser	Transaction ID: 81119.E4800 Date of Disbursement 10 / 23 / 2008
	Mailing Address P.O. Box 30210	Amount of Each Disbursement this Period 2511.24
	City Honolulu State HI Zip Code 96805-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	[MEMO ITEM] MEMO: ADVERTISING
	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) Star Bulletin * Midweek	Transaction ID: 81119.E4801 Date of Disbursement 10 / 23 / 2008
	Mailing Address Mid Week Printing, Inc. 500 Ala Moana Blvd. Ste C7-500	Amount of Each Disbursement this Period 1388.34
	City Honolulu State HI Zip Code 96813-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	[MEMO ITEM] MEMO: ADVERTISING
	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) Kakaako Kitchen	Transaction ID: 81104.E4764 Date of Disbursement 11 / 01 / 2008
	Mailing Address 1200 Ala Moana Blvd #135	Amount of Each Disbursement this Period 655.76
	City Honolulu State HI Zip Code 96814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering Service Candidate Name	CATERING SERVICE
	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)	655.76
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 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) Storquest - Kakaako</p> <p>Mailing Address 850 Kawaiahao Street, #4th Floor</p> <p>City Honolulu State HI Zip Code 96813-</p> <p>Purpose of Disbursement Storage Fee</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: 81104.E4766 Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 129.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>STORAGE FEE</p>
<p>B. Full Name (Last, First, Middle Initial) Irene Isa Takizawa</p> <p>Mailing Address 1239 Olomea Street</p> <p>City Honolulu State HI Zip Code 96817-</p> <p>Purpose of Disbursement Reimbursement [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: 81104.E4775 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 265.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT [SEE BELOW]</p>
<p>C. Full Name (Last, First, Middle Initial) Cindys Lei Shoppe LLC</p> <p>Mailing Address 1034 Maunakea Street</p> <p>City Honolulu State HI Zip Code 96817-</p> <p>Purpose of Disbursement Leis for fundraiser</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: 81129.E4817 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 204.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LEIS FOR FUNDRAISER</p>

SUBTOTAL of Disbursements This Page (optional)	394.03
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)
Oceanic Time Warner Cable

Mailing Address P.O. Box 30050

City Honolulu State HI Zip Code 96820-0050

Purpose of Disbursement
Cable Service

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81104.E4777
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

50.09

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

CABLE SERVICE

B.

Full Name (Last, First, Middle Initial)
Keoni Souza

Mailing Address 91-1008 Hoesa Street

City Kapolei State HI Zip Code 96707-

Purpose of Disbursement
Entertainment

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81028.E4755
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

800.00

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

ENTERTAINMENT

C.

Full Name (Last, First, Middle Initial)
IMS, Inc.

Mailing Address 1625 K Street, NW; 11th Floor

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Legislative Research

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81018.E4720
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

14000.00

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

LEGISLATIVE RESEARCH

SUBTOTAL of Disbursements This Page (optional) ▶

14850.09

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)
Irene Isa Takizawa

Mailing Address 1239 Olomea Street

City Honolulu State HI Zip Code 96817-

Purpose of Disbursement
Administrative Services
Candidate Name

Category/
Type

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

Transaction ID: 81126.E4805
Date of Disbursement

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

Amount of Each Disbursement this Period

522.50

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

ADMINISTRATIVE SERVICES

B.

Full Name (Last, First, Middle Initial)
Chun & Yonamine Advertising, Inc.

Mailing Address P O Box 240576

City Honolulu State HI Zip Code 96824-

Purpose of Disbursement
{See Below}
Candidate Name

Category/
Type

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

Transaction ID: 81027.E4752
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

15151.82

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

{SEE BELOW}

C.

Full Name (Last, First, Middle Initial)
Chun & Yonamine Advertising, Inc.

Mailing Address P O Box 240576

City Honolulu State HI Zip Code 96824-

Purpose of Disbursement
Consultant Media Buyer
Candidate Name

Category/
Type

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

Transaction ID: 81104.E4759
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

681.82

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

[MEMO ITEM]
MEMO: CONSULTANT MEDIA BUYER

SUBTOTAL of Disbursements This Page (optional)

15674.32

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 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) KCCN Mailing Address 900 Fort Street Ste 700 City Honolulu State HI Zip Code 96813- Purpose of Disbursement Advertising - Radio 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: 81104.E4762 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 2550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ADVERTISING - RADIO
B.	Full Name (Last, First, Middle Initial) KRTR AF Mailing Address 900 Fort Street, Ste 700 City Honolulu State HI Zip Code 96813- Purpose of Disbursement Advertising - Radio 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: 81104.E4763 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 3780.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ADVERTISING - RADIO
C.	Full Name (Last, First, Middle Initial) Clear Channel - KSSK Mailing Address 1050 Iwilei Road Ste 400 City Honolulu State HI Zip Code 96817- Purpose of Disbursement Advertising - Radio 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: 81104.E4760 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 5990.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ADVERTISING - RADIO

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
KUCD

Mailing Address 1050 Iwilei Road

City Honolulu State HI Zip Code 96817-

Purpose of Disbursement
Advertising - Radio

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81104.E4761
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

2150.00

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

[MEMO ITEM]

MEMO: ADVERTISING - RADIO

B.

Full Name (Last, First, Middle Initial)
Bank of Hawaii

Mailing Address 1441 Kapiolani Blvd.

City Honolulu State HI Zip Code 96814-

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81119.E4790
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

35.00

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

BANK CHARGES

C.

Full Name (Last, First, Middle Initial)
William M. Kaneko

Mailing Address 1040 19th Ave

City Honolulu State HI Zip Code 96816-

Purpose of Disbursement
Reimbursement [See Below]

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81104.E4776
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

755.07

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

REIMBURSEMENT [SEE BELOW]

SUBTOTAL of Disbursements This Page (optional) ▶

790.07

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) Hawaiian Airlines	Transaction ID: 81126.E4811 Date of Disbursement 11 / 03 / 2008
	Mailing Address 3375 Koapaka Street, G-350	Amount of Each Disbursement this Period 525.00
	City Honolulu State HI Zip Code 96819-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Cost - Airfare	[MEMO ITEM] MEMO: TRAVEL COST - AIRFARE
	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) ▼

B.	Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: 81126.E4814 Date of Disbursement 11 / 03 / 2008
	Mailing Address 850 Kawaiahao Street, #4th Floor	Amount of Each Disbursement this Period 13.60
	City Honolulu State HI Zip Code 96813-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Lock for Storage	[MEMO ITEM] MEMO: LOCK FOR STORAGE
	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) ▼

C.	Full Name (Last, First, Middle Initial) Human Rights Campaign PAC	Transaction ID: 81031.C23616IK Date of Disbursement 10 / 27 / 2008
	Mailing Address 1640 Rhode Island Ave NW	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Note: Website Advocacy	IN KIND: NOTE: WEBSITE ADVOCACY
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	25.00
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 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) Arrow Mailing Service	Transaction ID: 81104.E4781 Date of Disbursement 11 / 04 / 2008
	Mailing Address P.O. Box 30406	Amount of Each Disbursement this Period 905.50
	City Honolulu State HI Zip Code 96820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mailing 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) ▼
		MAILING SERVICE

B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 81126.E4816 Date of Disbursement 10 / 31 / 2008
	Mailing Address 205 Pennsylvania Ave, SE	Amount of Each Disbursement this Period 170.00
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant 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) ▼
		MERCHANT FEE

C.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: 81104.E4773 Date of Disbursement 11 / 03 / 2008
	Mailing Address 1201 Third Ave, 40th Floor	Amount of Each Disbursement this Period 858.92
	City Seattle State WA Zip Code 98101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal 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) ▼
		LEGAL SERVICES

SUBTOTAL of Disbursements This Page (optional)	▶	1934.42
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) Aristotle International, Inc. Mailing Address 205 Pennsylvania Ave, SE City Washington State DC Zip Code 20003- Purpose of Disbursement Merchant Fee 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: 81119.E4791 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 27.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT FEE
B.	Full Name (Last, First, Middle Initial) Ian Kitajima Mailing Address 94-209 Makawai Place City Waipahu State HI Zip Code 96797- Purpose of Disbursement Reimbursement [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: 81104.E4774 Date of Disbursement 11 / 03 / 2008 Amount of Each Disbursement this Period 934.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT [SEE BELOW]
C.	Full Name (Last, First, Middle Initial) Amazon.com Mailing Address 1850 Mercer Road City Lexington State KY Zip Code 40511- Purpose of Disbursement Computer Equipment 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: 81119.E4799 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 408.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COMPUTER EQUIPMENT

SUBTOTAL of Disbursements This Page (optional)	962.23
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. 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 Service</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: 81018.E4722</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 3036.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACCOUNTING SERVICE</p>
<p>B. Full Name (Last, First, Middle Initial) Fiorello Consulting</p> <p>Mailing Address 3914 Barcroft Mews Court</p> <p>City Falls Church State VA Zip Code 22041-</p> <p>Purpose of Disbursement Reimb Cost [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: 81119.E4788</p> <p>Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 129.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMB COST [SEE BELOW]</p>
<p>C. Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street, S.E.</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81119.E4793</p> <p>Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 129.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING - MEALS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3166.03

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)
Lezley P. Faleafine

Mailing Address 98-1030 Moanalua Rd, #302

City State Zip Code
Aiea HI 96701-

Purpose of Disbursement
Website Maintenance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81031.E4758
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Amount of Each Disbursement this Period

750.00

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

WEBSITE MAINTENANCE

B.

Full Name (Last, First, Middle Initial)
Arrow Mailing Service

Mailing Address P.O. Box 30406

City State Zip Code
Honolulu HI 96820-

Purpose of Disbursement
Mailing Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81028.E4756
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Amount of Each Disbursement this Period

1041.67

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

MAILING SERVICE

SUBTOTAL of Disbursements This Page (optional) ►

1791.67

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

95857.59

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 48 / 54

<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 Rida Cabanilla Mailing Address P.O. Box 60490 City Ewa Beach State HI Zip Code 96706- Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81003.E4658 Date of Disbursement 10 / 21 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm. Mailing Address 430 South Capitol Street, S.E. City Washington State DC Zip Code 20003- Purpose of Disbursement 2008 CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81027.E4748 Date of Disbursement 10 / 23 / 2008 Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Domestic Violence Action Center Mailing Address P O Box 3198 City Honolulu State HI Zip Code 96801- Purpose of Disbursement DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81031.E4757 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	26500.00
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 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)
Hawaii County Democratic Party

Mailing Address P O Box 491

City Kailua Kona State HI Zip Code 96745-

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81115.E4784

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
Kauai Democratic Party

Mailing Address P.O. Box 3936

City Lihue State HI Zip Code 96766-

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81104.E4782

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
Maui Democratic Party

Mailing Address P O Box 790656

City Paia State HI Zip Code 96779-

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81104.E4783

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

3000.00

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 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) Patsy T Mink PAC	Transaction ID: 81022.E4746 Date of Disbursement 10 / 21 / 2008
	Mailing Address P. O. Box 2591	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96803-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Amy Monk	Transaction ID: 81022.E4743 Date of Disbursement 10 / 21 / 2008
	Mailing Address P.O. 25505	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96825-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Murtha for Congress	Transaction ID: 81028.E4753 Date of Disbursement 10 / 27 / 2008
	Mailing Address 647 Main Street #200	Amount of Each Disbursement this Period 2000.00
	City Johnstown State PA Zip Code 15901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name JOHN P MURTHA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
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 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) Bradley Padilla	Transaction ID: 81021.E4742 Date of Disbursement 10 / 20 / 2008
	Mailing Address 45-519 Keaahala Road #01	Amount of Each Disbursement this Period 500.00
	City Kaneohe State HI Zip Code 96744-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SPONSORSHIP OF PARADISE CUP Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Friends of Calvin Say	Transaction ID: 81022.E4744 Date of Disbursement 10 / 21 / 2008
	Mailing Address 1984 10th Ave.	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96816-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Shoot For A Cure	Transaction ID: 81115.E4786 Date of Disbursement 11 / 07 / 2008
	Mailing Address 4071 Port Chicago Hwy, Suite 200	Amount of Each Disbursement this Period 500.00
	City Concord State CA Zip Code 94520-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DONATION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	35500.00

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 Service
Mailing Address 1357 Kapiolani Blvd, #1005	
City Honolulu State HI ZIP Code 96814-	

Outstanding Balance Beginning This Period 3036.65	Transaction ID: LS81018.E4722	
Amount Incurred This Period 0.00	Payment This Period 3036.65	Outstanding Balance at Close of This Period 0.00

B. 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 0.00	Transaction ID: LS81126.E4807	
Amount Incurred This Period 9109.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 9109.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor William M. Kaneko	Nature of Debt (Purpose): Consulting - Fundraiser
Mailing Address 1040 19th Ave	
City Honolulu State HI ZIP Code 96816-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS81126.E4809	
Amount Incurred This Period 3000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) SUBTOTALS This Period This Page (optional).....	12109.94
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (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 William M. Kaneko			Nature of Debt (Purpose): Consulting - Fundraiser
Mailing Address 1040 19th Ave			
City Honolulu	State HI	ZIP Code 96816-	

Outstanding Balance Beginning This Period <input type="text" value="3135.00"/>		Transaction ID: LS81020.E4737	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3135.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Irene Isa Takizawa			Nature of Debt (Purpose): Administrative Services
Mailing Address 1239 Olomea Street			
City Honolulu	State HI	ZIP Code 96817-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS81126.E4808	
Amount Incurred This Period <input type="text" value="2000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Irene Isa Takizawa			Nature of Debt (Purpose): Administrative Services
Mailing Address 1239 Olomea Street			
City Honolulu	State HI	ZIP Code 96817-	

Outstanding Balance Beginning This Period <input type="text" value="522.50"/>		Transaction ID: LS81104.E4772	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="522.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5135.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

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

NAME OF COMMITTEE (In Full)
 Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Manoa Grand Ballroom			Nature of Debt (Purpose): Catering - Service
Mailing Address P.O. Box 861597			
City Wahiawa	State HI	ZIP Code 96786-	

Outstanding Balance Beginning This Period		Transaction ID: LS81126.E4810	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
7285.34	0.00	7285.34	

1) SUBTOTALS This Period This Page (optional).....	7285.34
2) TOTALS This Period (last page this line number only).....	24530.28
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)	24530.28