CERTIFIED MAIL

OCT 20 1990

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
FRIENDS OF MUFI HANNEMANN, INC.

ADDRESS (number and street) ☐ Check if different than previously reported.
4614 Kilauea Avenue #443

CITY, STATE and ZIP CODE
Honolulu, HI 96816

STATE/DISTRICT
HI/2nd

2. FEC IDENTIFICATION NUMBER
C 00245845 (136841)

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☑ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report — Post Election.
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 9-1-90 through 10-12-90.		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	58,688.99	260,242.04
	(b) Total Contribution Refunds (from Line 20(d))		
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	58,688.99	260,242.04
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	162,962.24	965,408.88
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	162,962.24	965,408.88
8.	Cash on Hand at Close of Reporting Period (from Line 27)	2,996.87	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	132,389.59	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Type or Print Name of Treasurer
Rnadall I. Sumida

Signature of Treasurer
Randall I. Sumida

Date
10/19/90

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

FEC FORM 3
(revised 4/87)

15 90031414

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full): Friends of Mufi Hannemann Inc.

Report Covering the Period: From: 9-1-90 To: 10-12-90

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	41,650.00		11(a)(i)
(ii) Unitemized	10,298.99		11(a)(ii)
(iii) Total of contributions from individuals	51,888.99	211,651.80	11(a)(iii)
(b) Political Party Committees			11(b)
(c) Other Political Committees (such as PACs)	6,800.00	31,500.00	11(c)
(d) The Candidate		17,090.24	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	58,688.99	260,242.04	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	69,000.00	107,850.00	13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))	69,000.00	107,850.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	97.98	253.71	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	127,786.31	368,345.75	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	162,962.24	965,408.88	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	162,962.24	965,408.88	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 38,112.80	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 127,786.31	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 165,899.11	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 162,962.24	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 2,996.87	27

C00141303

SCHEDULE A — ITEMIZED RECEIPTS

See supplemental information for each category of the Detailed Summary Page

FOR LINE NUMBER 11 a (i)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wallace S.J. Ching 707 Richards St. #728 Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special	Okamoto, Himeno & Lum. attorney Aggregate Year-to-Date > $ 2,000.	9-7-90 9-7-90.	1,000.00 1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John G. MacFarlane One New York Plaza New York NY. 10004. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers account executive Aggregate Year-to-Date > $ 250.	9-7-90	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Carp One New York Plaza New York NY. 10004. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers. account executive Aggregate Year-to-Date > $ 500.	9-7-90	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Al T. Harrington. 277 Lewers St. Hon. Hi 96815 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	self employed. executive Aggregate Year-to-Date > $ 2,000.	9-7-90 V	1,000.00 1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey D. Hanna 991 East Saddle River Rd Ho-Ho-Kus, NJ. 07423 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers account executive Aggregate Year-to-Date > $ 1,000.	9-11-90	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James L. Vance 2665 Haili Rd Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Best effort. Occupation Aggregate Year-to-Date > $ 2000.	9-11-90 V	1,000.00 1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gavin S. Farley. 377 W. 11th St. #2a New York NY 10014. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers. account executive. Aggregate Year-to-Date > $ 500.	9-11-90	500.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 2 OF 9

FOR LINE NUMBER: 11 a (i)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gedale Bob Horowitz. One New York Plaza New York NY 10004. Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Salomon Brothers Occupation: account executive. Aggregate Year-to-Date > $ 500	9-11-90	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
A.L. Kilgo 180 Sand Island Rd Hon. Hi 96819 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	A.L. Kilgo Inc. Occupation: executive. Aggregate Year-to-Date > $ 250.	9-11-90	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. W. Hanley. P.O. Box 4597. Hilo Hi 96720. Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Orchid Isle Motors Occupation: executive. Aggregate Year-to-Date > $ 300	9-11-90	300.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John H. Gutfreund. One New York Plaza New York NY. 10004 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Salomon Brothers Occupation: executive. Aggregate Year-to-Date > $ 250.	9-13-90	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald M. Kagawa 45-527 Paleka Rd. Kaneohe Hi 96744 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Best effort Occupation: Aggregate Year-to-Date > $ 1,000	9-13-90	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elsie P. Buyers. 148 Poipu Dr. Hon. Hi 96825. Receipt For: [✓] Primary [ ] General [✓] Other (specify):	unemployed. Occupation: homemaker. Aggregate Year-to-Date > $ 2,000.	9-13-90 ✓	1,000.00 1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Howard H. Nishimoto. P.O. Box 27543 Hon. Hi 96827. Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Best effort Occupation: Aggregate Year-to-Date > $ 1,000.	9-13-90	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,300.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 9 OF 9

FOR LINE NUMBER 11 a(i)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bruce L. Koepfgen. One New York Plaza New York NY. 10004. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers Occupation: account executive. Aggregate Year-to-Date > $ 500	9.13.90.	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Loui P.O. Box 29816 Hon. Hi 96820. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Pacific. Marine & Supply Co, Ltd. Occupation: executive. Aggregate Year-to-Date > $ 500	9.13.90	500.00.
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Jitchaku. 100 Pauahi St. # 215 Hilo Hi 96720. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed Occupation: realtor. Aggregate Year-to-Date > $ 1,000.	9.18.90	1,000.00.
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John K. Tsui 111 S. King St. Hon. Hi 96813. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Bank of Hawaii Occupation: executive. Aggregate Year-to-Date > $ 500	9.18.90	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donna Tanoue. 4807 Matsonia Dr. Hon. Hi 96816. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Goodsill, Anderson, Quinn & Stifel. Occupation: attorney Aggregate Year-to-Date > $ 250	9.18.90.	250.00.
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Y. Arata. 121 Banyan Dr. Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed Occupation: businessman. Aggregate Year-to-Date > $ 500	9.18.90	500.00.
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Craig J. Trenholme. P.O. Box 448. Pahala Hi 96777. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Kau Agribusiness Occupation: executive. Aggregate Year-to-Date > $ 250.	9.18.90	250.00.
SUBTOTAL of Receipts This Page (optional)			3,500.00.
TOTAL This Period (last page this line number only)			

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 4 OF 9

FOR LINE NUMBER: 11 a(i)

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NAME OF COMMITTEE (In Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley T. Himeno. 707 Richards St. Hon. Hi 96813. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Himeno Corp. executive. Aggregate Year-to-Date > $ 1,000	9.18.90	1,000.00.
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Patrick J. Dunlavy. One New York Plaza. New York NY 10004. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers account executive. Aggregate Year-to-Date > $ 500	9.18.90	500.00.
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Martin L. Leibowitz. 1 New York Plaza New York NY. 10004. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers account executive. Aggregate Year-to-Date > $ 1,000.	9.18.90	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Florence M. Moynahan. 4156 Black Point Rd. Hon. Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	homemaker. Aggregate Year-to-Date > $ 500.	9.18.90.	500.00.
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kimball L. Peterson. 163 Pauahilani Way Kailua Hi 96734. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	C. Brewer & Co. Ltd. executive. Aggregate Year-to-Date > $ 500.	9.18.90.	500.00.
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas W. Strauss. 71 East 71st St. New York NY. 10021. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Salomon Brothers executive Aggregate Year-to-Date > $ 1,000	9.18.90	1,000.00.
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan R. Kimi 2222 Kalakaua Ave. #714 Hon. Hi 96815. Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Hukilau Hotels executive Aggregate Year-to-Date > $ 1,500.	9.18.90 ✓	1,000.00 500.00.

SUBTOTAL of Receipts This Page (optional)	6,000.00.
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ted Kimura 1718 Lima St. Hon. Hi 96819. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Island Termite. Occupation: executive. Aggregate Year-to-Date > $ 500.	9.20.90	500.00.
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jean E. Rolles. 3087 La Pietra Circle. Hon. Hi 96815. Receipt For: ☐ Primary ☐ General ☑ Other (specify): special.	Outrigger Hotels Occupation: executive Aggregate Year-to-Date > $ 2,000.	9.20.90.	1,000.00.
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Grace K. Koizumi 95-186 Wainaku Pl. Mililani Hi 96789. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Honfed. Honolulu Federal Bank Occupation: Sec. Secretary Aggregate Year-to-Date > $ 500.	9.20.90.	500.00.
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Norman. Lacayo. 737 Bishop St. #1550. Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Lacayo Architects Inc. Occupation: executive Aggregate Year-to-Date > $ 500	9.20.90	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Larry K. Matsuo. 567 S. King St. #300 Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation: Aggregate Year-to-Date > $ 250	9.20.90.	250.00.
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kurt. H. Mitchell. 2100 Date St. #2507. Hon. Hi 96826 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation: Aggregate Year-to-Date > $ 250	9.20.90.	250.00.
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George S. Hammond. 30042 Avenida Esplendida Rancho Palos Verdes CA. 90274. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation: Aggregate Year-to-Date > $ 500	9.20.90	500.00.

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

90041032

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 6 OF 9

FOR LINE NUMBER: 11 a(i)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert J. Matsumoto. 1060 Young St. #325 Hon. Hi 96814. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self employed CPA. Aggregate Year-to-Date > $ 1,000	9.20.90	1,000.00.
B. Full Name, Mailing Address and ZIP Code John. W. Meriwether 1675 York Avenue #23K. New York NY. 10128. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Salomon Brothers Occupation: account executive. Aggregate Year-to-Date > $ 1,000.	Date (month, day, year)	Amount of Each Receipt this Period: 1,000.00
C. Full Name, Mailing Address and ZIP Code Wade McVay. 828 Fort St. Mall #500 Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Campbell Estate. Occupation: trustee. Aggregate Year-to-Date > $ 500.	Date (month, day, year): 9.21.90	Amount of Each Receipt this Period: 500.00
D. Full Name, Mailing Address and ZIP Code MJ Tilker. 583 Kamoku St. #3905. Hon. Hi 96826 Receipt For: ☐ Primary ☐ General ☑ Other (specify): special.	Name of Employer: C. Brewer & Co. Occupation: executive. Aggregate Year-to-Date > $ 2,000.	Date (month, day, year): 9.21.90	Amount of Each Receipt this Period: 1,000.00.
E. Full Name, Mailing Address and ZIP Code C. Kaneshiro. P.O. Box 30968. Hon. Hi 96820 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Honolulu Disposal Service Inc. Occupation: executive Aggregate Year-to-Date > $ 1,000.	Date (month, day, year): 9.21.90	Amount of Each Receipt this Period: 1,000.00
F. Full Name, Mailing Address and ZIP Code Kenneth Ah Lo 975 B Mililani St. Hilo Hi 96720. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best Effort. Occupation: Aggregate Year-to-Date > $ 500	Date (month, day, year): 9.27.90	Amount of Each Receipt this Period: 500.00
G. Full Name, Mailing Address and ZIP Code Shozo Taketa 380 Kanoelehua Ave Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: HPM Building Supply Occupation: executive Aggregate Year-to-Date > $ 500.	Date (month, day, year): 9.27.90	Amount of Each Receipt this Period: 500.00.

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

0 0 0 1 4 1 0 3 2 2

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 9 OF

FOR LINE NUMBER: 11 a (i)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael K. Fujimoto P.O. Box 339 Hilo Hi 96720. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Effort Occupation Aggregate Year-to-Date > $ 500.	9.27.90	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald K. Yamada P.O. Box 4699. Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best Effort. Occupation Aggregate Year-to-Date > $ 250	9.27.90	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kent Lucien 2199 Halekoa Dr. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	C. Brewer & Co Occupation: executive Aggregate Year-to-Date > $ 1000.	10.1.90	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard James Barrett 242 North Carmelina Ave. Los Angeles CA. 90049. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 500	10.1.90	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert K.T. Chun 3731 Poka Pl. Hon. Hi 96816. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 300	10.1.90	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
O.K. Stender P.O. Box 3466 Hon. Hi 96801. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Campbell Estate Occupation: trustee. Aggregate Year-to-Date > $ 1000.	10.1.90	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beverly L. Brewer 515 Lagoon Dr. Hon. Hi 96819 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 500	10-1-90	500.00.

SUBTOTAL of Receipts This Page (optional)	3050.00.
TOTAL This Period (last page this line number only)	

C 00245845

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 8 OF 9

FOR LINE NUMBER 11 a(i)

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

NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William S. Thompson 86 Faxon Rd. Atherton CA. 94027. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	10-1-90	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph P. Lyons 706 Elepaio St. Hon. Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 500	10-1-90	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John L. Reed. 125 Hanapepe Loop Hon. Hi 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 500	10-1-90	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eric T. Maehara 737 Bishop St. #2700 Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Foley, Maehara, Judge Nip, & Chang Occupation attorney Aggregate Year-to-Date > $ 500	10-1-90	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley I. Hara 203 Kilauea Ave Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed Occupation businessman Aggregate Year-to-Date > $ 500	10-1-90	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Andre J. Tatibouet. 2255 Kuhio Ave #1800 Hon. Hi 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Astons Hotel Occupation executive Aggregate Year-to-Date > $ 250	10-1-90	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Leppert 650 Iwilei Rd. 3rd Fl Hon Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Oceanicproperties Inc Occupation executive Aggregate Year-to-Date > $ 600.	10-1-90	600.00

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 9 OF 9

FOR LINE NUMBER: 11 a (1)

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William Weinberg 5000 Kahala Ave Hon Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Kahala Hilton executive Aggregate Year-to-Date > $ 1000.	10-1-90	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
S. Russell Oda P.O. Box 4848. Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Oda McCarthy & Assoc. architect. Aggregate Year-to-Date > $ 900.	10-1-90	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert M. Matsushita 1580 Makaloa St. #650 Hon. Hi 96814 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Matsushita & Assoc architect. Aggregate Year-to-Date > $ 250.	10-1-90	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Iva Kinimaka 979 Robello Lane Hon Hi 96817 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	self employed caterer Aggregate Year-to-Date > $ 1900	10-1-90	1,900.00 in kind.
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	3450.00
TOTAL This Period (last page this line number only)	41,650.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc. C 00245845.

A. Full Name, Mailing Address and ZIP Code Dean Witter Reynolds PAC 2 World Trade Center 56th Fl. New York NY 10048 Receipt For: ☑ Primary ☐ General ☑ Other (specify): Special	Name of Employer Occupation Aggregate Year-to-Date > $ 500.	Date (month, day, year) 9-7-90	Amount of Each Receipt this Period 500.00.
B. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Ave. Chicago IL 60611. Receipt For: ☑ Primary ☐ General ☑ Other (specify): Special	Name of Employer Occupation Aggregate Year-to-Date > $ 5,000.	Date (month, day, year) 9-11-90	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Firefighters Interested in Registration & Education PAC Washington D.C. 20005. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 500.	Date (month, day, year) 9-11-90	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code CB Good Govt. Comm. 810 Richards St. Hon. Hi 96813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 100	Date (month, day, year) 9-18-90	Amount of Each Receipt this Period 100.00.
E. Full Name, Mailing Address and ZIP Code Castle & Cooke PAC 10900 Wilshire Blvd. #1500 Los Angeles CA. 90024 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 400.	Date (month, day, year) 10-1-90	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code Special Political Agricultural Community Education. 10140 Linn Station Rd. Louisville Kentucky 40223. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 300.	Date (month, day, year) 10-1-90.	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) 6800.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 13(a).

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc. C 00245845.

A. Full Name, Mailing Address and ZIP Code Muliufi F. Hannemann. P.O. Box 1826. Hon. Hi Receipt For: ☑ Primary ☐ General ☑ Other (specify): special	Name of Employer C. Brewer & Co. Ltd. Occupation executive. Aggregate Year-to-Date > $	Date (month, day, year) 9.13.90 9.18.90 9.20.90	Amount of Each Receipt this Period 50,000.00. 10,000.00 9,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			69,000.00.

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF

FOR LINE NUMBER 15.

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code Bank of Honolulu 841 Bishop St. Hon Hi 96813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer interest income Occupation Aggregate Year-to-Date > $	Date (month, day, year) 9.90.	Amount of Each Receipt this Period 97.98.
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			97.98.

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Creative Corner 777 Kapiolani Blvd. # 2600 Hon. Hi 96813.	electronic media Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-5-90 9-12-90	28,924.01 33,862.85.
B. The Creative Corner	electronic media Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-18-90	9,375.50
C. Voter Contact Service 888 S. Beretania St. #308 Hon. Hi 96813.	labels Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-5-90 9-5-90	405.22 3,096.75.
D. Voter Contact Service	labels Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-11-90	78.64.
E. U.S. Postmaster. 3600 Aolele St. Hon. Hi 96819	postage Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-6-90 9-10-90	4,962.00 1,971.00
F. U.S. Postmaster.	postage Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-11-90 9-14-90	1,500.00 3,779.00
G. Sun Press 45-525 Luluku Rd. Kaneohe Hi 96744.	print advertisement Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-7-90 9-14-90	564.14. 414.96.
H. Hawaii Newspaper Agency. P.O. Box 9350 Hon. Hi 96801.	print advertisement. Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-10-90 9-12-90 9-19-90	5,795.69 5,769.50. 4,696.55
I. Hawaii Newspaper Agency	print advertisement. Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	9-18-90 9-19-90	2,920.91 2,792.68.

SUBTOTAL of Disbursements This Page (optional) ..... 110,788.60.

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 2 | 6

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hawaii Newspaper Agency P.O. Box 3350 Hon. Hi 96801.	print advertisement. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-20-90 9-19-90 9-26-90	5,769.50 61.79 1,581.34
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hawaii Hochi Ltd. 917 Kokea St. Hon. Hi 96817	print advertisement. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-10-90 9-20-90	407.68. 407.68.
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pacific Focus Inc. 1019 Kawaiahao Hon. Hi 96813	production. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-11-90	4,589.55.
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fisher Printing 919 Kekaulike St. Hon. Hi 96817.	printing Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-11-90	4,451.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Printing 777 Kapiolani Blvd. Hon. Hi 96813	printing Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-11-90	1,508.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Webco. Hi Inc. 1020 Auahi St. Hon. Hi 96814.	supplies Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-12-90 9-12-90.	105.15. 187.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Belknap Imaging 770 Kapiolani Blvd Hon. Hi 96813	typeset. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-12-90	338.51.
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Island Beverage Co. Inc. 2888 Ualena St. Hon. Hi 96819.	beverage Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-12-90.	233.20
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hawaiian Telephone P.O. Box 997 Hon. Hi 96808	telephone svc. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-14-90 10-10-90	800.00 814.51

SUBTOTAL of Disbursements This Page (optional) 21,249.95

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

FEC 4.1 0330

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 6

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KTA Super Stores 50E Puainako St. Hilo Hi 96720.	supplies Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-14-90	568.86.
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hawaii Tribune Herald 355 Kinoole St. Hilo Hi 96720	print advertisement Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-14-90 9-18-90	3,013.75. 1,876.95
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kaleo University of Hawaii Hon. Hi	print advertisement Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-14-90 9-25-90	413.10 45.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Garden Isle News. 3137 Kuhio Hwy Lihue Hi 96766.	print advertisement Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-17-90	1,299.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maui News 100 Mahalani Kahului Hi 96732.	print advertisement Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-18-90	1,264.50
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
West Hawaii Today P.O. Box 789 Kailua-Kona Hi 96745.	print advertisement. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-18-90 9-27-90	640.50 153.72
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Ann Changg 1528 Makaloa St. Hon. Hi 96814.	photo Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-18-90	607.36
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lehua Bar & Grill 11 Waianuenue Ave. Hilo Hi 96720	rent Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-19-90 9-27-90	2,024.78. 1,250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Handyman Sign Shop 1287 Kalani St. Hon. Hi 96817.	bumper stickers, signs Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	9-18-90	1,650.00

SUBTOTAL of Disbursements This Page (optional)	14,807.52.
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 4 OF 6 | FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Citizens Utilities. P.O. Box 278 Ele ele Hi 96705.	electricity svc Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	9-19-90 10-10-90.	269.56 309.84
	B. Full Name, Mailing Address and ZIP Code OHA 1600 Kapiolani Blvd #1500 Hon. Hi	Purpose of Disbursement print advertisement Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 9-19-90	Amount of Each Disbursement This Period 420.80
	C. Full Name, Mailing Address and ZIP Code American T Shirts. 500 Ala Kawa Bay 114. Hon. Hi 96817.	Purpose of Disbursement T shirts Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 9-21-90	Amount of Each Disbursement This Period 1,010.03.
	D. Full Name, Mailing Address and ZIP Code Hi County Democratic Party P.O. Box 1614 Hilo Hi 96721.	Purpose of Disbursement assessment Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 9-14-90	Amount of Each Disbursement This Period 400.00
	E. Full Name, Mailing Address and ZIP Code Kona Hilton 75-5852 Alii Dr. Kailua Kona Hi 96740	Purpose of Disbursement rental - rally Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 9-27-90	Amount of Each Disbursement This Period 600.00
	F. Full Name, Mailing Address and ZIP Code Hilo Jaycees P.O. Box 10088 Hilo Hi 96721	Purpose of Disbursement booth - county fair. Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 9-27-90	Amount of Each Disbursement This Period 425.00
	G. Full Name, Mailing Address and ZIP Code Stationers 708 Kenoelehua Ave. Hilo Hi 96720	Purpose of Disbursement supplies Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 9-27-90 10-1-90.	Amount of Each Disbursement This Period 168.29. 393.40
	H. Full Name, Mailing Address and ZIP Code Yafuso TV Appliance 18-c Pohaku St. Hilo Hi 96720	Purpose of Disbursement T.V. rental - headquarter. Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 9-27-90	Amount of Each Disbursement This Period 203.00
	I. Full Name, Mailing Address and ZIP Code Dateline 931 University Ave. #2054. Hon. Hi 96826.	Purpose of Disbursement video service Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	Date (month, day, year) 10-1-90	Amount of Each Disbursement This Period 122.72

SUBTOTAL of Disbursements This Page (optional) ..... 4,321.64.

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

C 00140332

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Dept. of Education 46-155 Kamehameha Highway Kaneohe Hi 96744	rental for rally Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-1-90	130.00
B. U.S. Postmaster 3600 Aolele St. Hon Hi 96819	postage Disbursement for: [✓] Primary [ ] General [✓] Other (specify)	10-8-90	500.00
C. Papillon Hawn Helicopters P.O. Box 339 Hanalei Hi 96714	travel Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-1-90	100.00
D. Perspectives 4343 Puu Panini Ave. Hon. Hi 96816	makeup svc. Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-1-90	104.00
E. Leslie Miki 292 Kamehameha Ave. Hilo Hi 96720	carpet - HQ Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-1-90	108.00
F. North Shore News P.O. Box 1117 Haleiwa Hi 96712	print ad Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-1-90	390.00
G. Oceanic Cable P.O. Box 380002 Hon. Hi 96838	HQ - TV Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-10-90	146.35
H. Hawaiian Electric Co. P.O. Box 3978 Hon. Hi 96812	electricity svc Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-10-90	328.57
I. C. Brewer & Co. P.O. Box 1826 Hon. Hi 96805	rent Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-10-90	1,200.00
SUBTOTAL of Disbursements This Page (optional)			3006.92
TOTAL This Period (last page this line number only)			

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 6

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

FRIENDS OF MUFI HANNEMANN, INC. C 00245845

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Pomare Properties Corp. 1221 Kapiolani Blvd. #830 Hon. Hi 96814.	rent — Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	10-11-90.	2,544.48
B. Kauai Freight Service 33-257 Kuhio Hwy Lihue Hi 96766	rent — Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	9-1-90	700.00
C. Iva Kinimaka 979 Robello Lane Hon Hi 96817	food — Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	10-1-90	1900.00. (in-kind)
D. Hawaiian Telephone. P.O. Box 997 Hon. Hi 96808	telephone svc. — Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	10-12-90	1,000.00
E. M Print Shop. 815 Keeaumoku St. Hon. Hi 96814	printing — Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special.	10-4-90	605.00
F. Omar the Tentman. 650 A Kakoi St Hon. Hi 96819.	tent rental — Disbursement for: [✓] Primary [ ] General [✓] Other (specify) special	10-12-90	567.87
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement — Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement — Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement — Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	7,317.35
TOTAL This Period (last page this line number only)	161,491.38.

C 00245845 FEC Form 3 (1-94)

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 5 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Mufi F. Hannemann P.O. Box 1826 Hon. Hi 96805 Election: ☐ Primary ☐ General ☒ Other (specify): Special	$ 3,850.00		$ 3,850.00

Terms: Date Incurred 8-24-90 Date Due 8-24-91 Interest Rate 13 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Mufi F. Hannemann P.O. Box 1826 Hon. Hi Election: ☐ Primary ☐ General ☒ Other (specify): Special	$ 30,000.00		$ 30,000.00

Terms: Date Incurred 8-31-90 Date Due 12-31-91 Interest Rate 13 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

~~SUBTOTALS This Period This Page (optional)~~	$ 33,850.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C
(Revised 3/80)

LOANS

Page 2 of 5 for
LINE NUMBER 10
(Use separate schedule for each numbered line)

Name of Committee (in Full)
Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding Close of This
Muliufi F. Hannemann P.O. Box 1826 Hon. Hi 96805 Election: ☐ Primary ☐ General ☒ Other (specify): special	50,000.00		50,000

Terms: Date Incurred 9-13-90 Date Due 9-13-91 Interest Rate 13 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding Close of This
Muliufi F. Hannemann P.O. Box 1826 Hon. Hi Election: ☐ Primary ☐ General ☒ Other (specify): special	10,000.00		10,000.

Terms: Date Incurred 9-18-90 Date Due 9-18-91 Interest Rate 13 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $

~~SUBTOTALS This Period This Page (optional)~~	60,000
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary

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SCHEDULE C
(Revised 3/80)

LOANS

Page 3 of 5 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Mufi F. Hannemann P.O. Box 1826 Hon. Hi 96805 Election: ☐ Primary ☐ General ☒ Other (specify): special.	9,000.00		9,000.00
Terms: Date Incurred 9.20.90 Date Due 9.20.91 Interest Rate 13 %(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Mufi F. Hannemann P.O. Box 1826 Hon. Hi Election: ☐ Primary ☐ General ☒ Other (specify): special.			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

~~SUBTOTALS This Period This Page (optional)~~	9,000.00
TOTALS This Period (last page in this line only)	107,850.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 4 of 5 for
LINE NUMBER 18
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Mufi Hannemann Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Honolulu Country Club 1690 Ala Puumalu St. Hon. Hi 96818	2,500.00			2,500.00
Nature of Debt (Purpose): premise rental				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Citizens Utilities Co. P.O. Box 278 Eleele Hi 96705	269.56	909.84	573.40	0.
Nature of Debt (Purpose): electricity svc.				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Roberts Travel Service 444 Holbron Lane 5th Fl. Hon. Hi 96815	7,210.00			7,210.00
Nature of Debt (Purpose): travel				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor R.T. International Inc. 1901 Kapiolani Blvd. Hon. Hi 96826	811.00			811.00
Nature of Debt (Purpose): travel				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor C. Brewer & Co. P.O. Box 1826 Hon. Hi 96805	800.00	400.00	1200.00	0.
Nature of Debt (Purpose): rent.				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Lehua Bar & Grill 11 Wajanuenue Ave Hilo Hi 96720	1,250.00	2,024.78	3274.78	0.
Nature of Debt (Purpose): rent.				
1) SUBTOTALS This Period This Page (optional)				10,521.00
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 5 of 25 for
LINE NUMBER: 10.
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Mufi Hannemann Inc				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Hill & Knowlton / Comm. Pacific 820 Mililani St. 4th Fl. Hon. Hi 96813	2,228.74.	2,332.61.	0.	4,561.35.
Nature of Debt (Purpose): media Consultant.				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Handyman Sign Shop 1287 Kalani St. Hon. Hi 96817.	0.	6300.00	1,650.00	4,650.00
Nature of Debt (Purpose): bumperstickers, signs				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Fisher Printing Co. P.O. Box 1625 Hon. Hi 96806	0	7,899.00	4,451.00	3,448.00.
Nature of Debt (Purpose): printing.				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Hawaiian Telephone. P.O. Box 997 Hon. Hi 96808.	0	3967.75.	2614.51.	1,353.24.
Nature of Debt (Purpose): telephone.				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				14,012.59
2) TOTAL This Period (last page this line only)				24,333.59
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				107,850.00.
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				132,983.59.

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