

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Abercrombie for Congress

ADDRESS (number and street) c/o 1357 Kapiolani Blvd, Ste. 1005  
 Check if different than previously reported. (ACC)  
Honolulu HI 96814

2. **FEC IDENTIFICATION NUMBER** C00247379  
**CITY** STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
HI 01

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 07 2006 in the State of HI  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jack Y. Endo

Signature of Treasurer Electronically Filed by Jack Y. Endo Date 10 24 2006

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

**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
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	30525.00	1017585.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	11320.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	30525.00	1006265.50
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	15909.62	677638.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	6644.52
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15909.62	670993.86
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>693435.26</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>4200.00</b>	

**For further information contact:**

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

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Abercrombie for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5350.00

466425.00

(ii) Unitemized.....

175.00

23407.00

(iii) TOTAL of contributions

5525.00

489832.00

from individuals..... ▶

0.00

133.50

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

25000.00

527620.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

30525.00

1017585.50

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

6644.52

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

5320.50

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

30525.00

1029550.52

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	15909.62	677638.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4320.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	11320.00
21. OTHER DISBURSEMENTS.....	90000.00	122731.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	105909.62	811689.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	768819.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	30525.00
25. SUBTOTAL (add Line 23 and Line 24).....	799344.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105909.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	693435.26

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 28
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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

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.** American Postal Workers Union PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1300 L Street, NW

City Washington State DC Zip Code 20005-4107

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

**Transaction ID:** 61018.C21699

Amount of Each Receipt this Period  
2500.00

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

**B.** Lockheed Martin Employees PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1550 Crystal Dr., Crystal Square 2

City Arlington State VA Zip Code 22202-4102

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 6

**Transaction ID:** 61020.C21708

Amount of Each Receipt this Period  
3000.00

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

**C.** Lockheed Martin Employees PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1550 Crystal Dr., Crystal Square 2

City Arlington State VA Zip Code 22202-4102

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** 61020.C21714

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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) Intl Union of Operating Engineers PEC Mailing Address 1125 17th Street NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00029504 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Transaction ID: 61018.C21700 Amount of Each Receipt this Period 5000.00 Receipt <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) Natl Assn of Postmasters of US PAC Mailing Address 8 Herbert Street City Alexandria State VA Zip Code 22305-2600 FEC ID number of contributing federal political committee. <b>C</b> C00100404 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 6800.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Transaction ID: 61018.C21693 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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C. Full Name (Last, First, Middle Initial) Action Comm for Rural Electrification Mailing Address 4301 Wilson Blvd City Arlington State VA Zip Code 22203-1867 FEC ID number of contributing federal political committee. <b>C</b> C00002972 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Transaction ID: 61018.C21690 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)  
Ike Skelton for Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

FEC ID number of contributing federal political committee. **C** C00025973

Name of Employer N/A Occupation N/A

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	6

**Transaction ID:** 61020.C21707

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Natl Stone, Sand & Gravel Assn PAC

Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	6

**Transaction ID:** 61018.C21694

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)  
National Beer Wholesaler Assn PAC

Mailing Address 1101 King Street #600

City Alexandria State VA Zip Code 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	6

**Transaction ID:** 61020.C21709

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)  
CF Industries Employees Good Gov Fund

Mailing Address 1 Salem Lake Drive

City State Zip Code  
Lake Zurich IL 60047-8402

FEC ID number of contributing federal political committee. **C** C00076588

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 11 / 2006

Transaction ID: 61018.C21691

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
BASF Corp Employees PAC

Mailing Address 100 Campus Dr

City State Zip Code  
Florham Park NJ 07932-1020

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 11 / 2006

Transaction ID: 61018.C21692

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)  
Nova Chemicals Inc. PAC

Mailing Address 1300 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2323

FEC ID number of contributing federal political committee. **C** C00335000

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 18 / 2006

Transaction ID: 61020.C21704

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Devon Energy Corp PAC

Mailing Address 20 N Broadway Ave, Ste 1500

City State Zip Code  
Oklahoma City OK 73102-8296

FEC ID number of contributing federal political committee. **C** C00354753

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2006

**Transaction ID:** 61020.C21705

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1201 New York Ave NW

City State Zip Code  
Washington DC 20005-3917

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2006

**Transaction ID:** 61020.C21706

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	25000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<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)  
Ronald Ratner

Mailing Address 17300 Parkland Drive

City Cleveland State OH Zip Code 44120-2552

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

Name of Employer Forest City Enterprises Inc  
Occupation Vice-President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 61018.C21696

Amount of Each Receipt this Period  
1050.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ronald Ratner

Mailing Address 17300 Parkland Drive

City Cleveland State OH Zip Code 44120-2552

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

Name of Employer Forest City Enterprises Inc  
Occupation Vice-President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 61018.C21695

Amount of Each Receipt this Period  
1050.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Ratner

Mailing Address 19750 Shaker Blvd

City Beachwood State OH Zip Code 44122

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

Name of Employer Forest City Enterprises Inc  
Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 61018.C21697

Amount of Each Receipt this Period  
1050.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3150.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<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)  
Deborah Ratner Salzberg

Mailing Address 5803 Nicholson Lane

City State Zip Code  
Rockville MD 20852

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

Name of Employer Occupation  
Forest City Enterprises Inc Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 61018.C21698

Amount of Each Receipt this Period  
1050.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bill Williams

Mailing Address 1604 Magnolia Road

City State Zip Code  
Clearwater FL 33756

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 61018.C21689

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Carlos Roca

Mailing Address 27 Auburn Place

City State Zip Code  
San Antonio TX 78209

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

Name of Employer Occupation  
Center for Disease Detection CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 61020.C21711

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5350.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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

Full Name (Last, First, Middle Initial) <b>A. Hawaii Fire Fighters Association</b>		<b>Transaction ID: 61004.E3785</b> Date of Disbursement 10 / 03 / 2006
Mailing Address 2305 S. Beretania Street, #202		Amount of Each Disbursement this Period 500.00
City Honolulu State HI Zip Code 96826-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Victoria Ward, Limited</b>		<b>Transaction ID: 61005.E3789</b> Date of Disbursement 10 / 04 / 2006
Mailing Address P.O. Box 31000		Amount of Each Disbursement this Period 2291.65
City Honolulu State HI Zip Code 96849-5316	<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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Endo &amp; Company</b>		<b>Transaction ID: 61005.E3793</b> Date of Disbursement 10 / 05 / 2006
Mailing Address 1357 Kapiolani Blvd, #1005		Amount of Each Disbursement this Period 2104.15
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 ACCOUNTING SERVICE	Candidate Name	ACCOUNTING 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4895.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

Full Name (Last, First, Middle Initial) <b>A. Gigi Hoopii</b>		Transaction ID: 61010.E3801 Date of Disbursement 10 / 06 / 2006	
Mailing Address 1562 Dunterry Place		Amount of Each Disbursement this Period 800.00	
City Mc Lean State VA Zip Code 22101-	Purpose of Disbursement ENTERTAINMENT FOR FUNDRAISER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	ENTERTAINMENT FOR FUNDRAISER	

Full Name (Last, First, Middle Initial) <b>B. Oceanic Time Warner Cable</b>		Transaction ID: 61010.E3803 Date of Disbursement 10 / 06 / 2006	
Mailing Address P.O. Box 30050		Amount of Each Disbursement this Period 45.24	
City Honolulu State HI Zip Code 96820-0050	Purpose of Disbursement CABLE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CABLE SERVICE	

Full Name (Last, First, Middle Initial) <b>C. BankCard Center</b>		Transaction ID: 61010.E3804 Date of Disbursement 10 / 06 / 2006	
Mailing Address P.O. Box 29450		Amount of Each Disbursement this Period 2918.19	
City Honolulu State HI Zip Code 96820-1850	Purpose of Disbursement CREDIT CARD PAYMENT [SEE BELOW]	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PAYMENT [SEE BELOW]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3763.43</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. First Hawaiian Bank</b>		Transaction ID: 61020.E3836 Date of Disbursement 10 / 06 / 2006	
Mailing Address 1580 Kapiolani Blvd.		Amount of Each Disbursement this Period 13.24	
City Honolulu State HI Zip Code 96814-	Purpose of Disbursement BANK CHARGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: BANK CHARGE	
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hotel Monteleone</b>		Transaction ID: 61020.E3835 Date of Disbursement 10 / 06 / 2006	
Mailing Address 214 Rue Royal		Amount of Each Disbursement this Period 631.50	
City New Orleans State LA Zip Code 70130-2201	Purpose of Disbursement TRAVEL COST	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL COST	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. United Airlines Corporation</b>		Transaction ID: 61020.E3834 Date of Disbursement 10 / 06 / 2006	
Mailing Address 2 N. LaSalle Street		Amount of Each Disbursement this Period 2273.45	
City Chicago State IL Zip Code 60602-	Purpose of Disbursement TRAVEL COST	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL COST	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

Full Name (Last, First, Middle Initial) <b>A. Fiorello Consulting</b>		Transaction ID: 61004.E3786 Date of Disbursement 10 / 03 / 2006
Mailing Address 3914 Barcroft Mews Court		Amount of Each Disbursement this Period 1067.78
City Falls Church State VA Zip Code 22041-	Purpose of Disbursement REIMBURSEMENT COST [SEE BELOW]	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT COST [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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hotel George</b>		Transaction ID: 61020.E3838 Date of Disbursement 10 / 03 / 2006
Mailing Address 15 E. Street, NW		Amount of Each Disbursement this Period 1067.78
City Washington State DC Zip Code 20001-	Purpose of Disbursement CATERING SERVICES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CATERING SERVICES
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hawaiian Electric Co., Ltd.</b>		Transaction ID: 61010.E3802 Date of Disbursement 10 / 06 / 2006
Mailing Address P.O. Box 3978		Amount of Each Disbursement this Period 196.64
City Honolulu State HI Zip Code 96812-3978	Purpose of Disbursement UTILITIES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1264.42
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. McNeil Wilson Communications, Inc.</b>		<b>Transaction ID: 61005.E3794</b> Date of Disbursement 10 / 05 / 2006
Mailing Address Pauahi Tower, Ste 950 1001 Bishop St.		Amount of Each Disbursement this Period 2000.00
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 CONSULTING - MEDIA	Candidate Name	CONSULTING - MEDIA
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fiorello Consulting</b>		<b>Transaction ID: 61003.E3784</b> Date of Disbursement 10 / 02 / 2006
Mailing Address 3914 Barcroft Mews Court		Amount of Each Disbursement this Period 3500.00
City Falls Church State VA Zip Code 22041-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING-FUNDRAISING	Candidate Name	CONSULTING-FUNDRAISING
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Storquest-Kaka-Ako</b>		<b>Transaction ID: 61010.E3800</b> Date of Disbursement 10 / 06 / 2006
Mailing Address 850 Kawaiahao Street, #4		Amount of Each Disbursement this Period 123.20
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 STORAGE FEE	Candidate Name	STORAGE FEE
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5623.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>		<b>Transaction ID: 61020.E3837</b> Date of Disbursement 10 / 13 / 2006	
Mailing Address 205 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 71.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement MERCHANT FEE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>MERCHANT FEE</b>	

Full Name (Last, First, Middle Initial) <b>B. BankCard Center</b>		<b>Transaction ID: 61010.E3805</b> Date of Disbursement 10 / 06 / 2006	
Mailing Address P.O. Box 29450		Amount of Each Disbursement this Period 8.29	
City Honolulu State HI Zip Code 96820-1850	Purpose of Disbursement CREDIT CARD PAYMENT [SEE BELOW] Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>CREDIT CARD PAYMENT [SEE BELOW]</b>	

Full Name (Last, First, Middle Initial) <b>C. First Hawaiian Bank</b>		<b>Transaction ID: 61020.E3833</b> Date of Disbursement 10 / 06 / 2006	
Mailing Address 1580 Kapiolani Blvd.		Amount of Each Disbursement this Period 8.29	
City Honolulu State HI Zip Code 96814-	Purpose of Disbursement BANK CHARGE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM] MEMO: BANK CHARGE</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	79.29
<b>TOTAL</b> This Period (last page this line number only) .....	15626.14

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

Full Name (Last, First, Middle Initial) <b>A. Friends of Mike Abe</b>		<b>Transaction ID: 61018.E3827</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 3566 Harding Ave, #204A		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96816-	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Della Belatti</b>		<b>Transaction ID: 61018.E3809</b> Date of Disbursement 10 / 10 / 2006
Mailing Address P.O. Box 980		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
City Honolulu State HI Zip Code 96808-	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Scott Belford</b>		<b>Transaction ID: 61018.E3829</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 2644		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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

Full Name (Last, First, Middle Initial) <b>A. Friends of Joe Bertram III</b>		<b>Transaction ID: 61018.E3826</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PMB 131, P.O. Box 959		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kihei State HI Zip Code 96753-	Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Tom Brower</b>		<b>Transaction ID: 61018.E3828</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 469 Ena Road #2701		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96815-	Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Dante Carpenter</b>		<b>Transaction ID: 61005.E3790</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 3054 Ala Poha Place #401		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
City Honolulu State HI Zip Code 96818-	Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mele Carroll</b>		<b>Transaction ID: 61018.E3831</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 1675 Kaupakalua Road		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
City Haiku State HI Zip Code 96708-	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Comm.</b>		<b>Transaction ID: 61018.E3806</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 50000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement UNLIMITED TRF TO A NATL PARTY COMM. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Democratic Party of Hawaii</b>		<b>Transaction ID: 61018.E3807</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1314 S King Street, G-4		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96814-	Purpose of Disbursement UNLIMITED TRF TO STATE PARTY COMM Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	71000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Friends of A.J. Halagao</b>		<b>Transaction ID: 61018.E3823</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 25505		Amount of Each Disbursement this Period 500.00
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		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Faye Hanohano</b>		<b>Transaction ID: 61018.E3825</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 205		Amount of Each Disbursement this Period 500.00
City Pahoa State HI Zip Code 96778-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Sharon Har</b>		<b>Transaction ID: 61018.E3818</b> Date of Disbursement 10 / 11 / 2006
Mailing Address Box 101 590 Farrington Hwy #210		Amount of Each Disbursement this Period 1000.00
City Kapolei State HI Zip Code 96707-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Randy Iwase for Governor</b>		<b>Transaction ID: 61005.E3791</b> Date of Disbursement 10 / 05 / 2006	
Mailing Address P.O. Box 37053		Amount of Each Disbursement this Period 6000.00	
City Honolulu State HI Zip Code 96837-	Purpose of Disbursement NONFEDERAL CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Friends of Michael Kahikina</b>		<b>Transaction ID: 61018.E3812</b> Date of Disbursement 10 / 10 / 2006	
Mailing Address P.O. Box 2512		Amount of Each Disbursement this Period 1000.00	
City Waianae State HI Zip Code 96792-	Purpose of Disbursement NONFEDERAL CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Friends of Michael Magaoay</b>		<b>Transaction ID: 61018.E3830</b> Date of Disbursement 10 / 11 / 2006	
Mailing Address P.O. Box 893940		Amount of Each Disbursement this Period 500.00	
City Mililani State HI Zip Code 96789-	Purpose of Disbursement NONFEDERAL CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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

Full Name (Last, First, Middle Initial) <b>A. Friends of Joey Manahan</b>		<b>Transaction ID: 61018.E3815</b> Date of Disbursement 10 / 11 / 2006
Mailing Address 738 Kalihi Street		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
City Honolulu State HI Zip Code 96819-	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Friends of Angus McKelvey</b>		<b>Transaction ID: 61018.E3811</b> Date of Disbursement 10 / 10 / 2006
Mailing Address P.O. Box 847		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
City Lahaina State HI Zip Code 96767-	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Friends of John Mizuno</b>		<b>Transaction ID: 61018.E3808</b> Date of Disbursement 10 / 10 / 2006
Mailing Address 2530 Kalihi Street, #C		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
City Honolulu State HI Zip Code 96819-	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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

Full Name (Last, First, Middle Initial) <b>A. Friends of Sesnita Moepono</b>		<b>Transaction ID: 61018.E3819</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 17638		Amount of Each Disbursement this Period 500.00
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 NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Karl Rhoads</b>		<b>Transaction ID: 61018.E3817</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 27811		Amount of Each Disbursement this Period 1000.00
City Honolulu State HI Zip Code 96827-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Roland Sagum</b>		<b>Transaction ID: 61018.E3824</b> Date of Disbursement 10 / 11 / 2006
Mailing Address P.O. Box 958		Amount of Each Disbursement this Period 500.00
City Lawai State HI Zip Code 96765-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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

Full Name (Last, First, Middle Initial) <b>A. Friends of Jane Sugimura</b>		<b>Transaction ID: 61018.E3820</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 98-340 Koauka Loop #112		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
City Aiea State HI Zip Code 96701-		
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of James Tokioka</b>		<b>Transaction ID: 61018.E3810</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 2512 Kanio Street		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
City Lihue State HI Zip Code 96766-		
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jill Tokuda</b>		<b>Transaction ID: 61018.E3821</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 45-208 Wena Street		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
City Kaneohe State HI Zip Code 96744-		
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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.** Friends of George Yamamoto

Full Name (Last, First, Middle Initial)  
Abercrombie for Congress

Mailing Address P.O. Box 700451

City Kapolei State HI Zip Code 96709-

Purpose of Disbursement  
NONFEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 61018.E3822

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	6

Amount of Each Disbursement this Period

500.00
--------

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

**B.** Friends of Kyle Yamashita

Full Name (Last, First, Middle Initial)  
Friends of Kyle Yamashita

Mailing Address P.O. Box 880989

City Pukalani State HI Zip Code 96788-

Purpose of Disbursement  
NONFEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 61018.E3814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	6

Amount of Each Disbursement this Period

500.00
--------

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

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00
---------

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

90000.00
----------

**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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiorello Consulting	Nature of Debt (Purpose): Reimbursement cost [See below]
Mailing Address 3914 Barcroft Mews Court	
City State ZIP Code Falls Church VA 22041-	

Outstanding Balance Beginning This Period 1067.78	<b>Transaction ID:</b> LS61004.E3786	
Amount Incurred This Period 0.00	Payment This Period 1067.78	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ronald Ratner	Nature of Debt (Purpose): Refund Contribution
Mailing Address 17300 Parkland Drive	
City State ZIP Code Cleveland OH 44120-2552	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS61020.E3840	
Amount Incurred This Period 2100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2100.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor James Ratner	Nature of Debt (Purpose): Refund Contribution
Mailing Address 19750 Shaker Blvd	
City State ZIP Code Beachwood OH 44122-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS61020.E3841	
Amount Incurred This Period 1050.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	3150.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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)	PAGE 28 / 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Abercrombie for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Deborah Ratner Salzberg	Nature of Debt (Purpose): Refund Contribution
Mailing Address 5803 Nicholson Lane	
City State ZIP Code Rockville MD 20852-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: LS61020.E3842</b>	
Amount Incurred This Period 1050.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gigi Hoopii	Nature of Debt (Purpose): Entertainment for fundraiser
Mailing Address 1562 Dunterry Place	
City State ZIP Code Mc Lean VA 22101-	

Outstanding Balance Beginning This Period 800.00	<b>Transaction ID: LS61010.E3801</b>	
Amount Incurred This Period 0.00	Payment This Period 800.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1050.00
2) <b>TOTALS</b> This Period (last page this line number only).....	4200.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	