

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than 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

HAWAII REPUBLICAN PARTY

ADDRESS (number and street) 725 Kapiolani Blvd., #C-105

Check if different than previously reported. (ACC)

HONOLULU HI 96813

2. **FEC IDENTIFICATION NUMBER** C00085506

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

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input checked="" type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on [] [] [] in the State of []

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on [] [] [] in the State of []

5. Covering Period 09 01 2006 through 09 30 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 Gwen Honjo

Signature of Treasurer Electronically Filed by Gwen Honjo Date 10 12 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.

Office Use Only								FEC FORM 3X (Rev. 02/2003)
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HAWAII REPUBLICAN PARTY

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		99185.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	338064.05									
(c) Total Receipts (from Line 19)	165029.57	774428.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	503093.62	873614.11								
7. Total Disbursements (from Line 31)	135755.70	506276.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	367337.92	367337.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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**

Write or Type Committee Name
HAWAII REPUBLICAN PARTY

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	137351.00	513576.00
(i) Itemized (use Schedule A)	7742.00	162370.45
(ii) Unitemized	145093.00	675946.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	145093.00	675946.45
12. Transfers From Affiliated/Other Party Committees	12700.00	47100.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	500.65	844.56
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	30.94	177.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	6704.98	50360.10
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	6704.98	50360.10
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	165029.57	774428.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	158324.59	724068.26

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1336.58	13223.72
(ii) Non-Federal Share.....	5028.05	49746.39
(b) Other Federal Operating Expenditures.....	114157.27	406291.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	120521.90	469261.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	5335.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	5335.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	4983.80	21679.73
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	4983.80	21679.73
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	135755.70	506276.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	130727.65	456529.80

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	145093.00	675946.45
34. Total Contribution Refunds (from Line 28(d))	250.00	5335.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	144843.00	670611.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	115493.85	419515.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	500.65	844.56
38. Net Operating Expenditures (subtract Line 37 from Line 36)	114993.20	418670.51

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Fred Anawati		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 91-607 Malakole St		Transaction ID: SA11A1.53893	
City State Zip Code Kapolei HI 96707	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Anawati & Associates	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5675.00		

Full Name (Last, First, Middle Initial) B. Mark Anderson		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 47 Moanawai PI		Transaction ID: SA11A1.54046	
City State Zip Code Honolulu HI 96817	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer State of Hawaii	Occupation Deputy Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Katie Anglin		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 1543 Makiki St, 606		Transaction ID: SA11A1.53915	
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Holly Baker		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 68-131 E Pukaua Pl		Transaction ID: SA11A1.54008	
City Kamuela	State HI	Amount of Each Receipt this Period 9900.00	
Zip Code 96743		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Housewife	Occupation Housewife		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Richard Baker		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 206 Lumahai Pl		Transaction ID: SA11A1.54194	
City Honolulu	State HI	Amount of Each Receipt this Period 100.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer East-West Center	Occupation Researcher		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Emily Baptiste		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 7911 Makaoa Pl		Transaction ID: SA11A1.54005	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer HPMR/Coldwell Banker	Occupation Insurance Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Mark Bennett		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 2330 Kaola Way 6		Transaction ID: SA11A1.53909	
City Honolulu	State HI	Zip Code 96813	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer State of Hawaii	Occupation Attorney General		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 915.00		

B. Full Name (Last, First, Middle Initial) Bill Benton		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 4255 Buckskin Lake Dr		Transaction ID: SA11A1.53952	
City Ellicott City	State MD	Zip Code 21042	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Gae Bergquist Trommald		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 44-666 Kuono PI		Transaction ID: SA11A1.54066	
City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Merrill Lynch	Occupation Financial Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3005.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Joseph Borgo		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1425 Braided Rope Dr		Transaction ID: SA11A1.54043	
City Austin State TX Zip Code 78727	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 350.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Brian Bowers		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 119 Onekea Dr		Transaction ID: SA11A1.54012	
City Kailua State HI Zip Code 96734	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer KFC Engineering Management Occupation Engineer	Aggregate Year-to-Date ▼ 6500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Brian Bowers		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 119 Onekea Dr		Transaction ID: SA11A1.54226	
City Kailua State HI Zip Code 96734	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer KFC Engineering Management Occupation Engineer	Aggregate Year-to-Date ▼ 7000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Hyung Kwon Cha		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 55 S Kukui St 802		Transaction ID: SA11A1.53933	
City Honolulu	State HI	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Pyramid Insurance	Occupation Insurance Agent		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00		

Full Name (Last, First, Middle Initial) B. Fred Chan		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 48401 Fremont Blvd		Transaction ID: SA11A1.53931	
City Fremont	State CA	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer KC Rainbow Development Co	Occupation Principal		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) C. Michael Chan		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address PO Box 160946		Transaction ID: SA11A1.53932	
City Honolulu	State HI	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Han Development LLC	Occupation Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

SUBTOTAL of Receipts This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Kwan Jay Cho		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 2916 Date St 25N		Transaction ID: SA11A1.53949	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96816		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer IMPAC College	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Gregory Concilla		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 3773 Kanaina Ave, 306		Transaction ID: SA11A1.54003	
City Honolulu	State HI	Amount of Each Receipt this Period 750.00	
Zip Code 96815		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Valenti Print Group	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Alex Escarcega		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 1013 Prospect St, 1017		Transaction ID: SA11A1.53934	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96822		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Earl Everett		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 45-031 Holowai Pl		Transaction ID: SA11A1.54053
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer YMCA	Occupation Juvenile Drug Treatment Counselor	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Romellia Felipe-Dick		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 1188 Bishop St, Suite 1302		Transaction ID: SA11A1.54168
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mortgage Financing of Hawaii	Occupation President	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1580.00	

Full Name (Last, First, Middle Initial) C. Marvin Fong		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 2919 Kapiolani Blvd		Transaction ID: SA11A1.53999
City Honolulu	State HI	Zip Code 96826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Market City, Ltd	Occupation Property Manager	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Robert Fong		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 92-6035 Puapake St		Transaction ID: SA11A1.54041	
City State Zip Code Kapolei HI 96707	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 405.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Galen Fox		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 411 Hobron Ln 3911		Transaction ID: SA11A1.54113	
City State Zip Code Honolulu HI 96815	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 700.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jay Friedheim		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 820 Mililani St. 503		Transaction ID: SA11A1.53924	
City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Admiralty Advocates Occupation Lawyer	Aggregate Year-to-Date ▼ 236.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Thomas Fudge		Date of Receipt MM / DD / YYYY 09 / 05 / 2006
Mailing Address 1545 Nehoa St, 803		Transaction ID: SA11A1.53907
City Honolulu	State HI	Zip Code 96822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Next Design LLC	Occupation Principal	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Cheryl Fukunaga		Date of Receipt MM / DD / YYYY 09 / 05 / 2006
Mailing Address 59 Niniko PI		Transaction ID: SA11A1.53914
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer State of Hawaii	Occupation Dep Director Harbors	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Russell Galbut		Date of Receipt MM / DD / YYYY 09 / 12 / 2006
Mailing Address 2930 Biscayne Blvd		Transaction ID: SA11A1.54065
City Miami	State FL	Zip Code 33137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Crescent Heights	Occupation Executive	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Lisa Ginoza		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 1159 Akuila PI		Transaction ID: SA11A1.53943	
City Kailua	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96734		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Housewife	Occupation Housewife		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Joseph Gomes		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 41-030 Hinalea St		Transaction ID: SA11A1.54042	
City Waimanalo	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96795		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

Full Name (Last, First, Middle Initial) C. Christopher Haig		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 4224 Waiialae Ave PMB 375		Transaction ID: SA11A1.54009	
City Honolulu	State HI	Amount of Each Receipt this Period 9000.00	
Zip Code 96816		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Christopher J. Haig Agency	Occupation Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	9750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Melanie Hanohano		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 635 Akoakoa St		Transaction ID: SA11A1.54138
City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer D O E	Occupation Elem Teacher	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Philip Hellreich		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 225 Kuuhoa PI		Transaction ID: SA11A1.53904
City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Kailua Dermatology	Occupation Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1585.00	

Full Name (Last, First, Middle Initial) C. Jose Henao		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 1777 Ala Moana Blvd, 107-19		Transaction ID: SA11A1.54037
City State Zip Code Honolulu HI 96815	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer self employed	Occupation real estate investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Stephen Hinton		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 68-151 Au Street 212		Transaction ID: SA11A1.54172	
City State Zip Code Waialua HI 96791	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Marisco, Ltd.	Occupation Environmental Compliance Mgr		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Vicki Ho		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 3876 Nikolo St		Transaction ID: SA11A1.53941	
City State Zip Code Honolulu HI 96815	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Parsons	Occupation secretary		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Gavin Hubbard		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 818 Moowaa St		Transaction ID: SA11A1.53892	
City State Zip Code Honolulu HI 96817	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Okada Trucking	Occupation estimator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5750.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Austin Imamura		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006
Mailing Address 544 Maono Loop		Transaction ID: SA11A1.53899
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pacific Rim Bank	Occupation Chairman & CEO	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Austin Imamura		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006
Mailing Address 544 Maono Loop		Transaction ID: SA11A1.53900
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Pacific Rim Bank	Occupation Chairman & CEO	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Cindy Inouye		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006
Mailing Address 353 Ainahou St		Transaction ID: SA11A1.53911
City Honolulu	State HI	Zip Code 96825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer State of Hawaii	Occupation Deputy Director BHRD	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Kathryn Inouye		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1288 Ala Moana Blvd, 12A		Transaction ID: SA11A1.54023	
City Honolulu	State HI	Amount of Each Receipt this Period 1000.00	
Zip Code 96814		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Kobayashi Group LLC	Occupation Developer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mildred Jacoby		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 91-1045 Akolo St		Transaction ID: SA11A1.54051	
City Kapolei	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96707		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii	Occupation Public HealthNatal		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Jim Jennings		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 6213B Kahilihoho Rd		Transaction ID: SA11A1.54033	
City Kilauea	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96754		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Michael Jones		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 812 N Kalaheo Ave		Transaction ID: SA11A1.54020
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DR Horton Schuler Division	Occupation Homebuilder	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Sonny Kahn		Date of Receipt MM / DD / YYYY 09 / 12 / 2006
Mailing Address 2930 Biscayne Blvd		Transaction ID: SA11A1.54063
City Miami	State FL	Zip Code 33137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Crescent Heights	Occupation Executive	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Henry Kahula		Date of Receipt MM / DD / YYYY 09 / 06 / 2006
Mailing Address 176 Maoli Pl		Transaction ID: SA11A1.53953
City Paia	State HI	Zip Code 96779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kahula's Enterprises	Occupation Financial Analyst	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	6100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Henry Kahula		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 176 Maoli Pl		Transaction ID: SA11A1.54074	
City Paia	State HI	Amount of Each Receipt this Period 50.00	
Zip Code 96779		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Kahula's Enterprises	Occupation Financial Analyst		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Micah Kane		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 43-135 Moamahi Way		Transaction ID: SA11A1.54118	
City Kaneohe	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96744		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii DHHL	Occupation Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

Full Name (Last, First, Middle Initial) C. Kurt Kawafuchi		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1413 Middle St		Transaction ID: SA11A1.54025	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96819		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii Dept of Taxation	Occupation Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 835.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Edithe-Eve Kearney		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address PO Box 5088		Transaction ID: SA11A1.54112	
City Honolulu	State HI	Zip Code 96815	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Club Alley Cat	Occupation manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 985.00		

Full Name (Last, First, Middle Initial) B. Richard Keil		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2069 California Ave 6C		Transaction ID: SA11A1.54004	
City Wahiawa	State HI	Zip Code 96786	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Sea cliff enterprises LLC	Occupation Electrical Contractor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

Full Name (Last, First, Middle Initial) C. Christina Kemmer		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 2040 Nuuanu Ave, 1901		Transaction ID: SA11A1.54073	
City Honolulu	State HI	Zip Code 96817	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Martha Khlopin		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 46-450 Hulupala PI		Transaction ID: SA11A1.54017	
City Kaneohe	State HI	Amount of Each Receipt this Period 1200.00	
Zip Code 96744		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Khlopin Financial Services	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) B. Roger Khlopin		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 46-450 Hulupala PI		Transaction ID: SA11A1.54214	
City Kaneohe	State HI	Amount of Each Receipt this Period 1200.00	
Zip Code 96744		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Bank of Hawaii	Occupation Exec Vice-President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) C. Michael Klein		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 377 Keahole St D10		Transaction ID: SA11A1.54038	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer self employed	Occupation real estate		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	2650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Marcia Klompus		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 801 S King St 2004		Transaction ID: SA11A1.54067	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96813		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii	Occupation Director of Scheduling		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00		

Full Name (Last, First, Middle Initial) B. Bert Kobayashi		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1910 Aleo Pl		Transaction ID: SA11A1.54021	
City Honolulu	State HI	Amount of Each Receipt this Period 1000.00	
Zip Code 96822		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Kobayashi Group LLC	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Bert Kobayashi		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1910 Aleo Pl		Transaction ID: SA11A1.54036	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96822		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Kobayashi Group LLC	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Lillian Koller		Date of Receipt MM / DD / YYYY 09 / 06 / 2006
Mailing Address 95-270 Waikalani Dr, M-304		Transaction ID: SA11A1.53947
City Mililani	State HI	Zip Code 96789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer State of Hawaii	Occupation Department Director	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) B. Peter Koziol		Date of Receipt MM / DD / YYYY 09 / 05 / 2006
Mailing Address 2998 Makalei Pl		Transaction ID: SA11A1.53897
City Honolulu	State HI	Zip Code 96815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Lend Lease Communities	Occupation Non-Executive Director	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. Dagmar Kramer		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address PO Box 414		Transaction ID: SA11A1.54039
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DOE	Occupation Teacher	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Tercia Ku		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 87-221 Pualeilani St		Transaction ID: SA11A1.54044
City Waianae	State HI	Zip Code 96792
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RCUH	Occupation Research Specialist	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) B. Dexter Kubota		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 2111 Mauna PI		Transaction ID: SA11A1.54010
City Honolulu	State HI	Zip Code 96822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer KFC Engineering Management	Occupation Engineer	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6750.00	

Full Name (Last, First, Middle Initial) C. Dexter Kubota		Date of Receipt MM / DD / YYYY 09 / 29 / 2006
Mailing Address 2111 Mauna PI		Transaction ID: SA11A1.54225
City Honolulu	State HI	Zip Code 96822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KFC Engineering Management	Occupation Engineer	Contribution
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Gary Kunihiro		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 841 Bishop St, 1212		Transaction ID: SA11A1.53921	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96813		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Leong Kunihiro Leong & Le-zy	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Sandra Kunimoto		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 5413 Oio Dr		Transaction ID: SA11A1.53912	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96821		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii DOA	Occupation Chairperson		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00		

Full Name (Last, First, Middle Initial) C. James LaClair		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 3244 Keahi St		Transaction ID: SA11A1.53945	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96822		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer DLIR	Occupation Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Marie Laderta		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1309B Moanalualani Way		Transaction ID: SA11A1.54024	
City Honolulu	State HI	Zip Code 96819	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer State of Hawaii	Occupation Deputy Director Dept of Taxation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00		

Full Name (Last, First, Middle Initial) B. Catherine Lagareta		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 235 Pauahilani PI		Transaction ID: SA11A1.54139	
City Kailua	State HI	Zip Code 96734	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Communications Pacific	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) C. Roland Lagareta		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 235 Pauahilani PI		Transaction ID: SA11A1.54040	
City Kailua	State HI	Zip Code 96734	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Morgan Stanley Dean Wither	Occupation Financial		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Inmi Larue		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 45-119 A Mololani Pl		Transaction ID: SA11A1.54000	
City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Frank Law		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 91-1023 Kaikoele St		Transaction ID: SA11A1.53936	
City Ewa Beach	State HI	Zip Code 96706	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Fat Law 's Farm	Occupation Farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. Tim Law		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 91-1023 Kaikoele St		Transaction ID: SA11A1.53935	
City Ewa Beach	State HI	Zip Code 96706	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Daniel Lee		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 98-023 Hekaha St. Bldg 1/Unit 1		Transaction ID: SA11A1.54026
City State Zip Code Aiea HI 96701	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Fabric Mart Inc.	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Julie Lee		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 644 Kahiau Lp		Transaction ID: SA11A1.53903
City State Zip Code Honolulu HI 96821	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Michael Lee		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 4300 Waiialae Ave, PH A-2		Transaction ID: SA11A1.54007
City State Zip Code Honolulu HI 96816	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Student	Occupation Student	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Young Bin Lee		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 1116 Kaialiu St		Transaction ID: SA11A1.54193	
City State Zip Code Honolulu HI 96826		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Keoki Leong		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 45-621 Koaie Pl		Transaction ID: SA11A1.54031	
City State Zip Code Kaneohe HI 96744		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer State Legislature Occupation Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) C. Scott Leong		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 272 Kuupua St		Transaction ID: SA11A1.53923	
City State Zip Code Kailua HI 96734		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Leong Kunihiro Leong & Lezy Occupation Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Stacey Leong-Mills		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 1645 Ala Wai Blvd, 1403		Transaction ID: SA11A1.54035
City Honolulu	State HI	Zip Code 96815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Graphic Designer	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Stuart Lerner		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 2040 Nuuanu Ave 1401		Transaction ID: SA11A1.54120
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) C. Theodore Liu		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 240068		Transaction ID: SA11A1.54114
City Honolulu	State HI	Zip Code 96824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer State of Hawaii	Occupation Director	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Matthew Lynch Mailing Address PO Box 2098 City Honolulu State HI Zip Code 96805 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: SA11A1.54013 Amount of Each Receipt this Period 2300.00 Contribution
Name of Employer Real Estate Advisory Planners Occupation Owner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3350.00		

B. Full Name (Last, First, Middle Initial) Lucille MacDonald Mailing Address PO Box 462 City Lahaina State HI Zip Code 96767 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: SA11A1.54018 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Retired Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		

C. Full Name (Last, First, Middle Initial) Duncan MacNaughton Mailing Address 1001 Bishop St 1050 Pauahi Twr City Honolulu State HI Zip Code 96813 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: SA11A1.54016 Amount of Each Receipt this Period 2500.00 Contribution
Name of Employer The MacNaughton Group Occupation Chairman Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	5300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Makani Maeva		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 146 Hekili St, 204A		Transaction ID: SA11A1.53997
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Modern Realty	Occupation Housing Advisor	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. John Magauran		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 1761 Laukahi St		Transaction ID: SA11A1.54055
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert Masuda		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address PO Box 1649		Transaction ID: SA11A1.54049
City Kamuela	State HI	Zip Code 96743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Leighton Mau		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 2270 Kalakaua Ave, Ste 1800		Transaction ID: SA11A1.54105	
City Honolulu	State HI	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer The Resort Group	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Terry Metcalf		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 7433 Makaa St		Transaction ID: SA11A1.53896	
City Honolulu	State HI	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self Employed	Occupation Builder		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. John Metzler		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address PO Box 617		Transaction ID: SA11A1.54140	
City Kapaau	State HI	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Metzler Contracting	Occupation Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Joni Metzler		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006
Mailing Address PO Box 617		Transaction ID: SA11A1.54141
City Kapaau	State HI	Zip Code 96755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Housewife	Occupation Housewife	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Sanford Morioka		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 98-200 Puaalii St		Transaction ID: SA11A1.54028
City Aiea	State HI	Zip Code 96701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Edward Enterprises	Occupation Business Development Manager	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. Kay Mukaigawa		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 745 Fort St, Suite 608		Transaction ID: SA11A1.54106
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Properties Unlimited, Inc	Occupation Realtor	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3680.00	

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Myron Nakata		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 501 Sumner St, 601		Transaction ID: SA11A1.54011	
City Honolulu	State HI	Amount of Each Receipt this Period 2000.00	
Zip Code 96817		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Acutron Co, Inc.	Occupation Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7000.00		

Full Name (Last, First, Middle Initial) B. Rose Niimoto		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 3179 Poelua PI		Transaction ID: SA11A1.54047	
City Honolulu	State HI	Amount of Each Receipt this Period 200.00	
Zip Code 96822		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Aunty Rose's Nursery-Self	Occupation Childcare Provider		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Sarah Nordwall		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 1750 Kalakaua Ave 3504		Transaction ID: SA11A1.53919	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96826		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Carlisle Designer Clothes	Occupation District Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Terence O'Toole		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 1521 Ihiloa Lp		Transaction ID: SA11A1.53902	
City Honolulu	State HI	Amount of Each Receipt this Period 2000.00	
Zip Code 96821		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Starn O'Toole Marcus & Fisher	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Henry Oliva		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 2550 Kuhio Ave 1303		Transaction ID: SA11A1.54045	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96815		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii	Occupation Deputy Director DHS		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Guy Ontai		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 94-303 Nanamua Pl		Transaction ID: SA11A1.54171	
City Mililani	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96789		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Alakai Consulting & Engineering, Inc	Occupation VP & Chief Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Diane Osumi Mailing Address 1902 Alewa Dr City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.53938 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Retired Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Glenn Pang Mailing Address 1428 Alewa Dr City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.53939 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Self Employed Occupation physician Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Kaulana Park Mailing Address 665 Kealahou St City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.54069 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer DHHL Occupation Ex Mgt Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Kimberly Pine		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 91-1017 Kaiamalo St		Transaction ID: SA11A1.53916
City State Zip Code Ewa Beach HI 96706	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer State of Hawaii	Occupation Representative	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Andrew Poepoe		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 456 Wanaao Rd		Transaction ID: SA11A1.54068
City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer US Small Business Administration	Occupation Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Scott Ray		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 61-559 Pohaku Loa Way		Transaction ID: SA11A1.53948
City State Zip Code Haleiwa HI 96712	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Reynaldo Rodriguez		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 91-1003 Opaehuna St		Transaction ID: SA11A1.54119	
City State Zip Code Ewa Beach HI 96706	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer US Citizen & Immigration Service	Occupation Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) B. Karen Sato		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 72 Makaweli St		Transaction ID: SA11A1.53908	
City State Zip Code Honolulu HI 96825	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Next Design	Occupation Principal		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. James Schuler		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 828 Fort St Mall Ste 310		Transaction ID: SA11A1.54170	
City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Schuler Homes, Inc.	Occupation Builder		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Jennifer Shintani		Date of Receipt
Mailing Address 1527 Onipaa St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Honolulu State HI Zip Code 96819		<input type="text"/> 09 / <input type="text"/> 13 / <input type="text"/> 2006
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11A1.54117
Name of Employer Alan Shintani Inc Occupation General Contractor		Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼ <input type="text"/> 500.00		Contribution

Full Name (Last, First, Middle Initial) B. Stanley Shiraki		Date of Receipt
Mailing Address 144 Akialoa PI		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Kailua State HI Zip Code 96734		<input type="text"/> 09 / <input type="text"/> 11 / <input type="text"/> 2006
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11A1.54029
Name of Employer Retired Occupation Retired		Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00
Aggregate Year-to-Date ▼ <input type="text"/> 585.00		Contribution

Full Name (Last, First, Middle Initial) C. Malia Smith		Date of Receipt
Mailing Address 657 Maluniu Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Kailua State HI Zip Code 96734		<input type="text"/> 09 / <input type="text"/> 13 / <input type="text"/> 2006
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11A1.54115
Name of Employer Sen Bob Hogue Occupation Chief of Staff		Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00
Aggregate Year-to-Date ▼ <input type="text"/> 585.00		Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Song Kap So		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006	
Mailing Address 801 S King St, 1908		Transaction ID: SA11A1.53955	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96813		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Charles Sochalec		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address PO Box 37935		Transaction ID: SA11A1.54030	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96837		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. Karl Stahlkopf		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006	
Mailing Address P O Box 2750		Transaction ID: SA11A1.53950	
City Honolulu	State HI	Amount of Each Receipt this Period 300.00	
Zip Code 96840		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Hawaiian Electric Company	Occupation Senior Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Louise Stevenson		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 3939 Noela Pl.		Transaction ID: SA11A1.54014	
City Honolulu	State HI	Zip Code 96815	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer retired	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 3000.00			

Full Name (Last, First, Middle Initial) B. George St John		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 95-544 Alapoi St		Transaction ID: SA11A1.53905	
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self Employed	Occupation Engineer	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) C. Jeff Stone		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1100 Alakea St Suite 2500		Transaction ID: SA11A1.54107	
City Honolulu	State HI	Zip Code 96813	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Ko Olina Company LLC	Occupation President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2500.00			

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Lorrie Lee Stone		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 5379 Kalaniana'ole Hwy		Transaction ID: SA11A1.54111	
City Honolulu	State HI	Amount of Each Receipt this Period 1000.00	
Zip Code 96821		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Jane Tatibouet		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 2929 Ponimoi Rd		Transaction ID: SA11A1.53918	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96815		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Hawaii Hotel Consultants	Occupation Hotel Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Wendy Tom		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 128 S School St		Transaction ID: SA11A1.54215	
City Honolulu	State HI	Amount of Each Receipt this Period 150.00	
Zip Code 96813		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Kona Paradise Candies	Occupation Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. John Toner		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1350 Ala Moana Blvd, L7		Transaction ID: SA11A1.54109	
City Honolulu	State HI	Amount of Each Receipt this Period 2000.00	
Zip Code 96814		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer The Resort Group	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Gordon Trimble		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 1350 Ala Moana 812		Transaction ID: SA11A1.53946	
City Honolulu	State HI	Amount of Each Receipt this Period 200.00	
Zip Code 96814		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State Legislature	Occupation Senator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00		

Full Name (Last, First, Middle Initial) C. Arthur Ushijima		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 1379 Aupula Pl		Transaction ID: SA11A1.54071	
City Kailua	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96734		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Queens Health Systems	Occupation Healthcare Admin		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. Scott Vuillemot		Date of Receipt MM / DD / YYYY 09 / 05 / 2006
Mailing Address 3460 Kaohinani Dr		Transaction ID: SA11A1.53894
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer American Marine Services Group	Occupation President	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Jeff Watanabe		Date of Receipt MM / DD / YYYY 09 / 25 / 2006
Mailing Address 999 Bishop St 23rd Floor		Transaction ID: SA11A1.54212
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Watanabe Ing & Kawashima	Occupation Attorney	Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jeff Watanabe		Date of Receipt MM / DD / YYYY 09 / 25 / 2006
Mailing Address 999 Bishop St 23rd Floor		Transaction ID: SA11A1.54213
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Watanabe Ing & Kawashima	Occupation Attorney	Contribution
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. William Watkins		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 20 Mauka Pl.		Transaction ID: SA11A1.54185	
City State Zip Code Kula HI 96790	Amount of Each Receipt this Period 201.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer AMR- Paramedic	Occupation Paramedic		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1051.00		

Full Name (Last, First, Middle Initial) B. Victoria Woolford		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 3364 Keahi St		Transaction ID: SA11A1.54027	
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer RCUH	Occupation Social Worker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. Sandra Yahiro		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 2551 10th Ave		Transaction ID: SA11A1.53910	
City State Zip Code Honolulu HI 96816	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Hawaii Dept of Taxation	Occupation Deputy Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	1201.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 75	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
Peter Young

Mailing Address 1539 Kanapuu Dr

City State Zip Code
Kailua HI 96734

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

Name of Employer Occupation
State of Hawaii Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
775.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	6

Transaction ID: SA11A1.54001

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	137351.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 First St SE

City	State	Zip Code
Washington	DC	20003

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

Name of Employer RNC	Occupation Chairman
-------------------------	------------------------

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
47100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	6

Transaction ID: SA12.53891

Amount of Each Receipt this Period
12700.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	12700.00
TOTAL This Period (last page this line number only)	▶	12700.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 75	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
JOANNE BRETSCHEIDER

Mailing Address 14 POIPU DR.

City State Zip Code
HONOLULU HI 96825

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	6	/	2	0	0	6

Transaction ID: SA15.54318

Amount of Each Receipt this Period
500.65

Refund of overpayment

SUBTOTAL of Receipts This Page (optional)	▶	500.65
TOTAL This Period (last page this line number only)	▶	500.65

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. 360 INTERACTIVE MEDIA INC		Transaction ID: SB21B.54238 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 2575 LAAU ST #303		Amount of Each Disbursement this Period 5135.38	
City HONOLULU State HI Zip Code 96826	Purpose of Disbursement CONSULTING/GRAPHIC DESIGN	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. SAM AIONA		Transaction ID: SB21B.54280 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 757 KINALAU PL #702		Amount of Each Disbursement this Period 34.00	
City HONOLULU State HI Zip Code 96813	Purpose of Disbursement REIMBURSEMENT	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Sandra Albano		Transaction ID: SB21B.54262 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 748 Kokomo PI		Amount of Each Disbursement this Period 5000.00	
City Honolulu State HI Zip Code 96825	Purpose of Disbursement GOVERNOR BALL COORDINATOR	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	10169.38
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. AMERICA ONLINE SERVICES		Transaction ID: SB21B.54289
Mailing Address C/O FIRST USA BANK, NA P.O. BOX 50882		Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
City Henderson	State NV	Zip Code 89016
Purpose of Disbursement INTERNET SERVICES	Amount of Each Disbursement this Period 30.90	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOANNE BRETSCHNEIDER		Transaction ID: SB21B.54277
Mailing Address 14 POIPU DR.		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
City HONOLULU	State HI	Zip Code 96825
Purpose of Disbursement REIMBURSEMENT	Amount of Each Disbursement this Period 274.11	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. COSTCO		Transaction ID: SB21B.54277.0
Mailing Address 525 Alakawa Street		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
City HONOLULU	State HI	Zip Code 96817
Purpose of Disbursement Volunteer supplies	Amount of Each Disbursement this Period 119.32	
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	305.01
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Transaction ID: SB21B.54277.1	
Mailing Address PO BOX 4001		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006	
City INGLEWOOD	State CA	Zip Code 90313	Amount of Each Disbursement this Period 49.26
Purpose of Disbursement Cellular service		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	
State: District:			

Full Name (Last, First, Middle Initial) B. CARDINAL COMMUNICATION STRATEG		Transaction ID: SB21B.54266	
Mailing Address 925 UNIVERSITY AVE #A		Date of Disbursement MM / DD / YYYY 09 / 11 / 2006	
City SACRAMENTO	State CA	Zip Code 95825	Amount of Each Disbursement this Period 971.72
Purpose of Disbursement ABSENTEE PHONE MESSAGES		<input type="text"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. CARDINAL COMMUNICATION STRATEG		Transaction ID: SB21B.54281	
Mailing Address 925 UNIVERSITY AVE #A		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006	
City SACRAMENTO	State CA	Zip Code 95825	Amount of Each Disbursement this Period 1171.72
Purpose of Disbursement RECORDED MESSAGES		<input type="text"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2143.44
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. CHASE CARD SERVICES		Transaction ID: SB21B.54293 Date of Disbursement
Mailing Address CARDMEMBER SERVICE PO BOX 9001950		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City LOUISVILLE	State KY	Zip Code 40290
Purpose of Disbursement CREDIT CARD PAYMENT	<input type="text" value="2346.70"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CINGULAR WIRELESS		Transaction ID: SB21B.54267 Date of Disbursement
Mailing Address PO BOX 30178		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City LOS ANGELES	State CA	Zip Code 90030
Purpose of Disbursement TELEPHONE	<input type="text" value="251.94"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CINGULAR WIRELESS		Transaction ID: SB21B.54291 Date of Disbursement
Mailing Address PO BOX 30178		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City LOS ANGELES	State CA	Zip Code 90030
Purpose of Disbursement TELEPHONE	<input type="text" value="381.10"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2979.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. CITY & COUNTY OF HONOLULU		Transaction ID: SB21B.54300 Date of Disbursement
Mailing Address REAL PROPERTY TAX COLLECTION UNIT, DIVISION OF TREASURY		<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Honolulu	State HI	Zip Code 96812
Purpose of Disbursement VOTER DATA	<input type="text" value="250.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EDWARD ENTERPRISES INC.		Transaction ID: SB21B.54241 Date of Disbursement
Mailing Address PO BOX 30468		<input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City HONOLULU	State HI	Zip Code 96820
Purpose of Disbursement PRINTING: GB06	<input type="text" value="272.78"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EDWARD ENTERPRISES INC.		Transaction ID: SB21B.54282 Date of Disbursement
Mailing Address PO BOX 30468		<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City HONOLULU	State HI	Zip Code 96820
Purpose of Disbursement PRINTING: ABSENTEE BALLOTS	<input type="text" value="7513.49"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8036.27"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. EDWARD ENTERPRISES INC.		Transaction ID: SB21B.54283 Date of Disbursement 09 / 18 / 2006
Mailing Address PO BOX 30468		Amount of Each Disbursement this Period 4992.67
City HONOLULU	State HI Zip Code 96820	
Purpose of Disbursement PRINTING: NEWSLETTER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EMPLOYMENT EXPERTS LLC		Transaction ID: SB21B.54295 Date of Disbursement 09 / 27 / 2006
Mailing Address PO BOX 6499		Amount of Each Disbursement this Period 374.00
City HILO	State HI Zip Code 96720	
Purpose of Disbursement DEBRA JEAN AREY-BALLOT SECURITY		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FRANCO TYP-POSTALIA INC		Transaction ID: SB21B.54232 Date of Disbursement 09 / 01 / 2006
Mailing Address PO BOX 4272		Amount of Each Disbursement this Period 500.00
City CAROL STREAM	State IL Zip Code 60197	
Purpose of Disbursement POSTAGE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5866.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. HEARTLAND PAYMENT SYSTEM		Transaction ID: SB21B.54242 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 1437 YOUNGSTOWN CENTER HWY 62		Amount of Each Disbursement this Period 1084.18
City JEFFERSONVILLE State IN Zip Code 47130	Purpose of Disbursement MERCHANT FEES 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. HEARTLAND PAYMENT SYSTEM		Transaction ID: SB21B.54243 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 1437 YOUNGSTOWN CENTER HWY 62		Amount of Each Disbursement this Period 10.00
City JEFFERSONVILLE State IN Zip Code 47130	Purpose of Disbursement MERCHANT FEES 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) C. HILTON HAWAIIAN VILLAGE		Transaction ID: SB21B.54250 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2006
Mailing Address 2005 KALIA RD.		Amount of Each Disbursement this Period 53550.00
City Honolulu State HI Zip Code 96815	Purpose of Disbursement FACILITIES - GOVERNORS BALL 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	54644.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. ROSINA HO		Transaction ID: SB21B.54261 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address 46-696 KALANIANAOLE HWY		Amount of Each Disbursement this Period 1200.00
City WAIMANALO State HI Zip Code 96795	Purpose of Disbursement FLOWER ARRANGEMENTS - BALL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. IMS, INC.		Transaction ID: SB21B.54233 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 475.00
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/15/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. IMS, INC.		Transaction ID: SB21B.54234 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 264.57
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/15/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1939.57
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. IMS, INC.		Transaction ID: SB21B.54235 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 264.57
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/15/06	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. IMS, INC.		Transaction ID: SB21B.54236 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 226.87
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/15/06	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. IMS, INC.		Transaction ID: SB21B.54271 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 475.00
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/30/06	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	966.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. IMS, INC.		Transaction ID: SB21B.54272 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 264.57
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/30/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. IMS, INC.		Transaction ID: SB21B.54273 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 264.57
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/30/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. IMS, INC.		Transaction ID: SB21B.54274 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		Amount of Each Disbursement this Period 226.87
City KANEOHE State HI Zip Code 96744	Purpose of Disbursement PAYROLL TAX PE 9/30/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	756.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. ART KALAHIKI		Transaction ID: SB21B.54252 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address 1323 HIGH VIEW PLACE		Amount of Each Disbursement this Period 468.75
City HONOLULU State HI Zip Code 96816	Purpose of Disbursement ENTERTAINMENT - GOV BALL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. TASHA KAWAMATA		Transaction ID: SB21B.54290 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 5627 HALE KAMANI ST		Amount of Each Disbursement this Period 23.24
City HONOLULU State HI Zip Code 96821	Purpose of Disbursement REIMBURSEMENT 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) C. COSTCO		Transaction ID: SB21B.54290.0 Date of Disbursement MM / DD / YYYY 09 / 22 / 2006
Mailing Address 525 Alakawa Street		Amount of Each Disbursement this Period 23.24
City HONOLULU State HI Zip Code 96817	Purpose of Disbursement Office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	491.99
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. LENNY KLEYNER		Transaction ID: SB21B.54257 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 95-279 WAIKALANI DR M204		Amount of Each Disbursement this Period 2400.00	
City MILILANI State HI Zip Code 96789	Purpose of Disbursement BAND ENTERTAINER - BALL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. MAMO INC		Transaction ID: SB21B.54251 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2006	
Mailing Address PO BOX 23383		Amount of Each Disbursement this Period 3419.71	
City HONOLULU State HI Zip Code 96823	Purpose of Disbursement CENTERPIECES: BALL	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Keith Nakano		Transaction ID: SB21B.54278 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1612 Gulick Ave		Amount of Each Disbursement this Period 248.95	
City Honolulu State HI Zip Code 96819	Purpose of Disbursement REIMBURSEMENT	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	6068.66
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. COSTCO		Transaction ID: SB21B.54278.3 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 525 Alakawa Street		Amount of Each Disbursement this Period 76.23 [MEMO ITEM]
City HONOLULU State HI Zip Code 96817		
Purpose of Disbursement Office supplies Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NEXTEL PARTNERS		Transaction ID: SB21B.54244 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address PO BOX 4192		Amount of Each Disbursement this Period 196.02
City CAROL STREAM State IL Zip Code 60197		
Purpose of Disbursement TELEPHONE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NEXTEL PARTNERS		Transaction ID: SB21B.54292 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address PO BOX 4192		Amount of Each Disbursement this Period 198.61
City CAROL STREAM State IL Zip Code 60197		
Purpose of Disbursement TELEPHONE 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	394.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. OCEANIC CABLE		Transaction ID: SB21B.54237 Date of Disbursement																					
Mailing Address P.O. BOX 30050		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
City HONOLULU	State HI	Zip Code 96820	Amount of Each Disbursement this Period																				
Purpose of Disbursement ROADRUNNER / CABLE		Category/ Type	109.29																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. STANLEY OKADA		Transaction ID: SB21B.54264 Date of Disbursement																					
Mailing Address 2519 A PAUOA RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	1		2	0	0	6														
City HONOLULU	State HI	Zip Code 96813	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHOTOGRAPHY - GOVERNORS BALL		Category/ Type	225.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. R&K MAINTENANCE		Transaction ID: SB21B.54268 Date of Disbursement																					
Mailing Address 442 KAHA STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	1		2	0	0	6														
City KAILUA	State HI	Zip Code 96734	Amount of Each Disbursement this Period																				
Purpose of Disbursement MAINTENANCE		Category/ Type	187.50																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	521.79
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. SAM'S CLUB DISCOVER		Transaction ID: SB21B.54286	
Mailing Address PO BOX 960016		Date of Disbursement 09 / 18 / 2006	
City ORLANDO	State FL	Zip Code 32896	Amount of Each Disbursement this Period 135.59
Purpose of Disbursement THE CHOWDER HOUSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. SAM'S CLUB DISCOVER		Transaction ID: SB21B.54287	
Mailing Address PO BOX 960016		Date of Disbursement 09 / 18 / 2006	
City ORLANDO	State FL	Zip Code 32896	Amount of Each Disbursement this Period 316.72
Purpose of Disbursement SAMS CLUB		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. SHOW & TELL		Transaction ID: SB21B.54285	
Mailing Address 866 IWILEI RD #204		Date of Disbursement 09 / 18 / 2006	
City HONOLULU	State HI	Zip Code 96817	Amount of Each Disbursement this Period 3971.85
Purpose of Disbursement AUDIO/VISUAL - BALL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4424.16
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. SPRINT		Transaction ID: SB21B.54245	
Mailing Address PO BOX 79255		Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
City CITY OF INDUSTRY	State CA	Zip Code 91716	Amount of Each Disbursement this Period 32.61
Purpose of Disbursement TELEPHONE	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SPRINT CONFERENCING SERVICES		Transaction ID: SB21B.54246	
Mailing Address PO BOX 660051		Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
City DALLAS	State TX	Zip Code 75266	Amount of Each Disbursement this Period 133.56
Purpose of Disbursement TELEPHONE	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ELIZA TALBOT		Transaction ID: SB21B.54276	
Mailing Address 1242 AALAPAPA DRIVE		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006	
City KAILUA	State HI	Zip Code 96734	Amount of Each Disbursement this Period 76.55
Purpose of Disbursement REIMBURSEMENT	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	242.72
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. VALENTI PRINT GROUP		Transaction ID: SB21B.54247	
Mailing Address PO BOX 3026		Date of Disbursement 09 / 05 / 2006	
City HONOLULU	State HI	Zip Code 96802	Amount of Each Disbursement this Period 1010.00
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. VALENTI PRINT GROUP		Transaction ID: SB21B.54248	
Mailing Address PO BOX 3026		Date of Disbursement 09 / 05 / 2006	
City HONOLULU	State HI	Zip Code 96802	Amount of Each Disbursement this Period 934.00
Purpose of Disbursement PRINTING: ENVELOPES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. VALENTI PRINT GROUP		Transaction ID: SB21B.54249	
Mailing Address PO BOX 3026		Date of Disbursement 09 / 05 / 2006	
City HONOLULU	State HI	Zip Code 96802	Amount of Each Disbursement this Period 10990.00
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	12934.00
TOTAL This Period (last page this line number only)	112884.66

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. BOB2CONGRESS		Transaction ID: SB23.54297 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 25 MALUNIU AVE #102 PMB171		Amount of Each Disbursement this Period 5000.00
City KAILUA State HI Zip Code 96734		
Purpose of Disbursement CAMPAIGN 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. CYNTHIA FOR SENATE		Transaction ID: SB23.54299 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address PO BOX 996		Amount of Each Disbursement this Period 5000.00
City KAILUA State HI Zip Code 96734		
Purpose of Disbursement CAMPAIGN 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) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

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

Mailing Address 1639 Ulueo St

City Kailua State HI Zip Code 96734

Purpose of Disbursement
Refund - unable to attend Governor Ball

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.54319

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. SAM AIONA		Transaction ID: SB30B.54275																					
Mailing Address 757 KINALAU PL #702		Date of Disbursement																					
City HONOLULU State HI Zip Code 96813		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	6														
Purpose of Disbursement PAYROLL PE 9/15/06		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>2491.90</td> </tr> </table>		2491.90																			
2491.90																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. SAM AIONA		Transaction ID: SB30B.54306																					
Mailing Address 757 KINALAU PL #702		Date of Disbursement																					
City HONOLULU State HI Zip Code 96813		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	0	6														
Purpose of Disbursement PAYROLL PE 9/30/06		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>2491.90</td> </tr> </table>		2491.90																			
2491.90																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional) ►

4983.80

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

4983.80

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 HAWAII REPUBLICAN PARTY

NAME OF ACCOUNT State and Local Account - Bank of HI	DATE OF RECEIPT M M / D D / Y Y Y Y 09 / 06 / 2006	TOTAL AMOUNT TRANSFERRED 6704.98
---	--	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	6704.98	Transaction ID: H3.54317
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	6704.98
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	6704.98

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CENTRAL PACIFIC BANK			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO BOX 135010			Allocated Activity or Event Year-To-Date 57322.62																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H4.54308			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	0	1	/	2	0	0	6																
HONOLULU	HI	96801																							
Purpose of Disbursement: MORTGAGE			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
150.60		566.54		717.14

B. Full Name (Last, First, Middle Initial) CENTRAL PACIFIC BANK			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO BOX 135010			Allocated Activity or Event Year-To-Date 58566.61																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H4.54309			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	0	1	/	2	0	0	6																
HONOLULU	HI	96801																							
Purpose of Disbursement: MORTGAGE			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
261.24		982.75		1243.99

C. Full Name (Last, First, Middle Initial) THE IMPERIAL PLAZA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 711 KAPIOLANI BLVD, SUITE 700			Allocated Activity or Event Year-To-Date 60198.46																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H4.54311			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	1	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	0	1	/	2	0	0	6																
Honolulu	HI	96813																							
Purpose of Disbursement: MAINTENANCE			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
342.69		1289.16		1631.85

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
754.53		2838.45		3592.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) THE IMPERIAL PLAZA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 711 KAPIOLANI BLVD, SUITE 700			Allocated Activity or Event Year-To-Date 60627.01		
City Honolulu	State HI	Zip Code 96813	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2006		
Purpose of Disbursement: UTILITIES			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.54312		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.00		338.55		428.55

B. Full Name (Last, First, Middle Initial) LANIER WORLDWIDE, INC.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 105533			Allocated Activity or Event Year-To-Date 61374.77		
City ATLANTA	State GA	Zip Code 30348	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2006		
Purpose of Disbursement: EQUIPMENT RENTAL			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.54314		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.03		590.73		747.76

C. Full Name (Last, First, Middle Initial) HAWAIIAN TELCOM			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 9688			Allocated Activity or Event Year-To-Date 61928.44		
City MISSION HILLS	State CA	Zip Code 91346	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 05 / 2006		
Purpose of Disbursement: TELEPHONE			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.54310		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
116.27		437.40		553.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
363.30		1366.68		1729.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) IMS, INC.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201			Allocated Activity or Event Year-To-Date 62970.11		
City KANEOHE	State HI	Zip Code 96744	Category/ Type		
Purpose of Disbursement: ACCOUNTING			Date MM / DD / YYYY 09 / 18 / 2006		
Activity or Event Identifier: Administrative			Transaction ID: H4.54313		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
218.75		822.92		1041.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
218.75		822.92		1041.67

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
1336.58	5028.05	6364.63