

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [X] July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 01 2010 through 06 30 2010

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

Signature of Treasurer Electronically Filed by Jack Y. Endo Date 07 15 2010

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

A. Form/Schedule : **F3N**

Transaction ID :

(1) Akyth, Inc - Charitable contribution for food for volunteers at the McKinley High School Aloha Aina Day. (2) Sabado Studios - Charitable contribution of gifts for the Father Damien Sainthood delegation.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	13014.17
(b) Total Contribution Refunds (from Line 20(d)).....	41160.00	427065.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-41160.00	-414050.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	12958.29	315315.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	23787.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12958.29	291528.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	239808.91	
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	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Abercrombie for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(i) Itemized (use Schedule A).....	0.00	504.00
(ii) Unitemized.....	0.00	1004.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	10.17
(b) Political Party Committees.....	0.00	12000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	13014.17
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	13014.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	23787.14
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	4425.87
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	41227.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12958.29	315315.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	41160.00	427065.00
(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 20(a), (b), and (c)).....	41160.00	427065.00
21. OTHER DISBURSEMENTS.....	67180.00	172953.38
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	121298.29	915333.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	361107.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	361107.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121298.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	239808.91

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) William M. Kaneko Mailing Address 1040 19th Ave City Honolulu State HI Zip Code 96816- Purpose of Disbursement Reimb. [See Below] Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00703.E5581 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 254.98 REIMB. [SEE BELOW]
B.	Full Name (Last, First, Middle Initial) Beretania Florist Mailing Address 1293 S. Beretania Street City Honolulu State HI Zip Code 96814- Purpose of Disbursement GET WELL FLOWERS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00706.E5603 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 61.73 [MEMO ITEM] MEMO: GET WELL FLOWERS
C.	Full Name (Last, First, Middle Initial) Flowers Forever LLC Mailing Address 2979 Kalena Street City Lihue State HI Zip Code 96766- Purpose of Disbursement FUNERAL ARRANGEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00706.E5604 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 88.54 [MEMO ITEM] MEMO: FUNERAL ARRANGEMENT

SUBTOTAL of Disbursements This Page (optional) ▶	254.98
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Flowers N Fun at McCully

Mailing Address 1210 Artesian Street #102

City Honolulu State HI Zip Code 96826-

Purpose of Disbursement
FUNERAL ARRANGEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00706.E5605
Date of Disbursement

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

Amount of Each Disbursement this Period

104.71

[MEMO ITEM]
MEMO: FUNERAL ARRANGEMENT

B.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd, #1005

City Honolulu State HI Zip Code 96814-

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00703.E5556
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Amount of Each Disbursement this Period

3560.21

ACCOUNTING SERVICES

C.

Full Name (Last, First, Middle Initial)
Storquest - Kakaako

Mailing Address 850 Kawaiahao Street, #4th Floor

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
Storage Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00703.E5553
Date of Disbursement

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

Amount of Each Disbursement this Period

136.13

STORAGE FEE

SUBTOTAL of Disbursements This Page (optional) ▶

3696.34

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Perkins Coie LLP <hr/> Mailing Address 1201 Third Ave, 40th Floor <hr/> City Seattle State WA Zip Code 98101- <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00703.E5595 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1715.50
	Category/ Type LEGAL SERVICES
	Full Name (Last, First, Middle Initial) First Hawaiian Bank <hr/> Mailing Address 1580 Kapiolani Blvd. <hr/> City Honolulu State HI Zip Code 96814- <hr/> Purpose of Disbursement Bank Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 115.44	
Category/ Type BANK CHARGES	
C. Full Name (Last, First, Middle Initial) Storquest - Kakaako <hr/> Mailing Address 850 Kawaiahao Street, #4th Floor <hr/> City Honolulu State HI Zip Code 96813- <hr/> Purpose of Disbursement Storage Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00703.E5568 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 136.13
	Category/ Type STORAGE FEE
	Full Name (Last, First, Middle Initial) Storquest - Kakaako <hr/> Mailing Address 850 Kawaiahao Street, #4th Floor <hr/> City Honolulu State HI Zip Code 96813- <hr/> Purpose of Disbursement Storage Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 136.13	
Category/ Type STORAGE FEE	

SUBTOTAL of Disbursements This Page (optional) ▶

1967.07

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Storquest - Kakaako

Transaction ID: 00403.E5496
Date of Disbursement

Mailing Address 850 Kawaiahao Street, #4th Floor

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

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

136.13

Purpose of Disbursement
Storage Fee

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

STORAGE FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Transaction ID: 00703.E5580
Date of Disbursement

Mailing Address 1357 Kapiolani Blvd, #1005

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

2617.80

Purpose of Disbursement
Accounting Services

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

ACCOUNTING SERVICES

State: District:

C.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Transaction ID: 00703.E5570
Date of Disbursement

Mailing Address 1357 Kapiolani Blvd, #1005

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

1465.97

Purpose of Disbursement
Accounting Services

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

ACCOUNTING SERVICES

State: District:

SUBTOTAL of Disbursements This Page (optional)

4219.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 31

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Transaction ID: 00703.E5544
Date of Disbursement

Mailing Address 205 Pennsylvania Ave, SE

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

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Software Support
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SOFTWARE SUPPORT

B.

Full Name (Last, First, Middle Initial)
Florence Endo - Custodian

Transaction ID: 00706.E5606
Date of Disbursement

Mailing Address c/o 1357 Kapiolani Blvd. #1005

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

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Replenish Petty Cash
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

REPLENISH PETTY CASH

SUBTOTAL of Disbursements This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

12838.29

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Akyth, Inc. <hr/> Mailing Address P.O. Box 735 <hr/> City Honolulu State HI Zip Code 96808- <hr/> Purpose of Disbursement IN-KIND: SEE NOTE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5567 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm. <hr/> Mailing Address 430 South Capitol Street, S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement UNLIMITED TRANSFER Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 10000.00
C. Full Name (Last, First, Middle Initial) Daihonzan Chozen-ji International Zen <hr/> Mailing Address 3565 Kalihi Street <hr/> City Honolulu State HI Zip Code 96819- <hr/> Purpose of Disbursement CHARITABLE DONATION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5541 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Democratic Party of Hawaii Mailing Address 1050 Ala Moana Blvd #D26 City Honolulu State HI Zip Code 96814- Purpose of Disbursement UNLIMITED TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5579 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Democratic Party of Hawaii Mailing Address 1050 Ala Moana Blvd #D26 City Honolulu State HI Zip Code 96814- Purpose of Disbursement UNLIMITED TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5597 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 10000.00
C.	Full Name (Last, First, Middle Initial) Democratic Party of Hawaii Mailing Address 1050 Ala Moana Blvd #D26 City Honolulu State HI Zip Code 96814- Purpose of Disbursement UNLIMITED TRANSFER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5558 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0 Amount of Each Disbursement this Period 20500.00

SUBTOTAL of Disbursements This Page (optional)	33000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Domestic Violence Action Center Mailing Address P O Box 3198 City Honolulu State HI Zip Code 96801- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5547 Date of Disbursement 04 / 23 / 2010 Amount of Each Disbursement this Period 800.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Hawaiian Humane Society Mailing Address 2700 Waiialae Ave City Honolulu State HI Zip Code 96826- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00403.E5497 Date of Disbursement 04 / 02 / 2010 Amount of Each Disbursement this Period 400.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Hawaiian Railway Society Mailing Address P.O. Box 60369 City Ewa Beach State HI Zip Code 96706- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5550 Date of Disbursement 04 / 23 / 2010 Amount of Each Disbursement this Period 250.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Hawaiian Scottish Association	Transaction ID: 00414.E5536 Date of Disbursement
	Mailing Address P.O. Box 3982	<input type="text" value="04"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mililani State HI Zip Code 96789-	Amount of Each Disbursement this Period
	Purpose of Disbursement CHARITABLE DONATION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) Friends of Linda Ichiyama	Transaction ID: 00703.E5593 Date of Disbursement
	Mailing Address P O Box 1707	<input type="text" value="06"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Aiea State HI Zip Code 96701-	Amount of Each Disbursement this Period
	Purpose of Disbursement NONFEDERAL CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) Key Project	Transaction ID: 00703.E5583 Date of Disbursement
	Mailing Address 47-200 Waihee Rd	<input type="text" value="06"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kaneohe State HI Zip Code 96744-	Amount of Each Disbursement this Period
	Purpose of Disbursement CHARITABLE DONATION	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Kailua Chamber of Commerce

Transaction ID: 00703.E5571
Date of Disbursement

Mailing Address P O Box 1496

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

City Kailua State HI Zip Code 96734-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CIVIC DONATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
Kauai Chamber of Commerce

Transaction ID: 00703.E5575
Date of Disbursement

Mailing Address P O Box 1969

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

City Lihue State HI Zip Code 96766-

Amount of Each Disbursement this Period

480.00

Purpose of Disbursement
CIVIC DONATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

C.

Full Name (Last, First, Middle Initial)
Kula Hospital Auxiliary-Hoolaulea

Transaction ID: 00703.E5564
Date of Disbursement

Mailing Address c/o Kula Hospital Auxiliary
100 Keokea PI

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

City Kula State HI Zip Code 96790-

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
CHARITABLE DONATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Latin Business Hawaii

Transaction ID: 00703.E5578
Date of Disbursement

Mailing Address PMB 344, P O Box 30800

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

City Honolulu State HI Zip Code 96820-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
CIVIC DONATION

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
Life Foundation

Transaction ID: 00703.E5551
Date of Disbursement

Mailing Address 677 Ala Moana Blvd, Ste 226

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
CHARITABLE DONATION

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

C.

Full Name (Last, First, Middle Initial)
Manoa Valley Theatre

Transaction ID: 00703.E5548
Date of Disbursement

Mailing Address 2833 E. Manoa Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

City Honolulu State HI Zip Code 96822-

Amount of Each Disbursement this Period

2250.00

Purpose of Disbursement
CHARITABLE DONATION

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Mental Health America of Hawaii

Transaction ID: 00703.E5552
Date of Disbursement

Mailing Address 1124 Fort Street Mall, Suite 205

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	0

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CHARITABLE DONATION

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
Miss Hawaii Organization

Transaction ID: 00703.E5562
Date of Disbursement

Mailing Address c/o Jon Fujiwara
95-270 Waikalani Dr, I-203

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

City Mililani State HI Zip Code 96789-

Amount of Each Disbursement this Period

275.00

Purpose of Disbursement
CHARITABLE DONATION

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

C.

Full Name (Last, First, Middle Initial)
Sabado Studios

Transaction ID: 00703.E5582
Date of Disbursement

Mailing Address 49 N Market St

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

City Kahului State HI Zip Code 96732-

Amount of Each Disbursement this Period

625.00

Purpose of Disbursement
IN-KIND SEE NOTE

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) The Friends of the Royal Hawaiian Band Mailing Address P O Box 1894 City Honolulu State HI Zip Code 96805- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5577 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0 Amount of Each Disbursement this Period 500.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) U.S. Vets Mailing Address WCC-Attn: Gladys Peraro 85-638 Farrington Hwy City Waianae State HI Zip Code 96792- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5546 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) University of Hawaii Foundation Mailing Address William S Richardson School of Law 2515 Dole St City Honolulu State HI Zip Code 96822- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 00703.E5542 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 500.00 Category/ Type

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) United Japanese Society of Hawaii	Transaction ID: 00703.E5576 Date of Disbursement
	Mailing Address 2454 S Beretania St #303	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Honolulu State HI Zip Code 96826-	Amount of Each Disbursement this Period
	Purpose of Disbursement CHARITABLE DONATION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) University of Hawaii Foundation	Transaction ID: 00703.E5554 Date of Disbursement
	Mailing Address 2444 Dole Street, Bachman Annex 6	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Honolulu State HI Zip Code 96822-	Amount of Each Disbursement this Period
	Purpose of Disbursement CHARITABLE DONATION	<input type="text" value="525.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) University of Hawaii Foundation	Transaction ID: 00703.E5560 Date of Disbursement
	Mailing Address 2530 Dole St, Sakamaki Hall B-102	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Honolulu State HI Zip Code 96822-	Amount of Each Disbursement this Period
	Purpose of Disbursement CHARITABLE DONATION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6025.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Waianae Boat Fishing Club

Transaction ID: 00703.E5566
Date of Disbursement

Mailing Address P.O. Box 821

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

City Waianae State HI Zip Code 96792-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
CHARITABLE DONATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
YWCA of Oahu

Transaction ID: 00703.E5561
Date of Disbursement

Mailing Address 1040 Richards Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
CHARITABLE DONATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

65855.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 31

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Ralph M. Alford

Transaction ID: 00404.E5506
Date of Disbursement

Mailing Address 3207 Chichester Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Fairfax VA 22031-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

B.

Full Name (Last, First, Middle Initial)
John Bucksbaum

Transaction ID: 00404.E5515
Date of Disbursement

Mailing Address c/o 180 N. Wacker Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Chicago IL 60606-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

C.

Full Name (Last, First, Middle Initial)
Richard Camacho

Transaction ID: 00404.E5516
Date of Disbursement

Mailing Address 1912 Prices Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Alexandria VA 22308-2701

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Richard Collins	Transaction ID: 00404.E5514 Date of Disbursement 04 / 05 / 2010
	Mailing Address 2111 Wilson Blvd, #700	Amount of Each Disbursement this Period 2000.00
	City Arlington State VA Zip Code 22201-	
	Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio

B.	Full Name (Last, First, Middle Initial) Larry Cutshaw	Transaction ID: 00404.E5498 Date of Disbursement 04 / 05 / 2010
	Mailing Address 171 Nawiliwili Street	Amount of Each Disbursement this Period 3250.00
	City Honolulu State HI Zip Code 96825-	
	Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio

C.	Full Name (Last, First, Middle Initial) Thomas Downey	Transaction ID: 00404.E5521 Date of Disbursement 04 / 05 / 2010
	Mailing Address 1225 I Street, NW Ste 600	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20005-5960	
	Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)	5750.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
James S. W. Drewry

Transaction ID: 00703.E5586
Date of Disbursement

Mailing Address 3317 Wessynton Way

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

City State Zip Code
Alexandria VA 22309-2228

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

B.

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

Transaction ID: 00404.E5503
Date of Disbursement

Mailing Address 3 Waterford Place

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Newtown PA 18940-1255

Amount of Each Disbursement this Period

950.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

C.

Full Name (Last, First, Middle Initial)
James Ellis

Transaction ID: 00404.E5509
Date of Disbursement

Mailing Address 2202 Foxboro Place, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Washington DC 20007-1121

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

SUBTOTAL of Disbursements This Page (optional)

3950.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 31

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

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Donald Fowler	Transaction ID: 00404.E5520 Date of Disbursement
	Mailing Address 2725 Devine Street	<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Columbia State SC Zip Code 29205-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="010"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	

B.	Full Name (Last, First, Middle Initial) Mark H. Fukunaga	Transaction ID: 00703.E5584 Date of Disbursement
	Mailing Address 1935 Paula Drive	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Honolulu State HI Zip Code 96816-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Candidate Name	<input type="text" value="2200.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="010"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	

C.	Full Name (Last, First, Middle Initial) Michael Hollis	Transaction ID: 00404.E5518 Date of Disbursement
	Mailing Address 338 Whiteoaks Drive NE	<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Albuquerque State NM Zip Code 87122-1411	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="010"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Edwin Ing

Transaction ID: 00404.E5517
Date of Disbursement

Mailing Address 1250 24th Street, NW, Ste 300

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Washington State DC Zip Code 20037-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution

010

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Lawrence Jackson

Transaction ID: 00703.E5592
Date of Disbursement

Mailing Address 15509 Pennyroyal Ln

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

City Rockville State MD Zip Code 20853-1470

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution

010

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Brent Jacquet

Transaction ID: 00404.E5519
Date of Disbursement

Mailing Address 3660 Bay Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Edgewater State MD Zip Code 21037-4143

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution

010

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Damian Kunko

Transaction ID: 00404.E5511
Date of Disbursement

Mailing Address 4517 16th Street, N

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Arlington State VA Zip Code 22207-2149

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Janice Lipsen

Transaction ID: 00404.E5522
Date of Disbursement

Mailing Address 1826 Calvert Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Washington State DC Zip Code 20009-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Roberto R. Llames

Transaction ID: 00404.E5512
Date of Disbursement

Mailing Address c/o Enterprise Solutions
8300 Boone Blvd Ste 500

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Vienna State VA Zip Code 22182-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

500.00

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

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Linnea Lynch

Transaction ID: 00404.E5523
Date of Disbursement

Mailing Address 10507 Clipper Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Fairfax Station VA 22039-1909

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
Joseph Lyons

Transaction ID: 00404.E5499
Date of Disbursement

Mailing Address 11500 San Vicente Blvd #517

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Los Angeles CA 90049-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
Stephen Madey

Transaction ID: 00404.E5507
Date of Disbursement

Mailing Address 10522 Providence Way

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Fairfax VA 22030-3106

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
James McAleese

Transaction ID: 00404.E5513
Date of Disbursement

Mailing Address 19595 Aberlour Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Leesburg State VA Zip Code 20175-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

B.

Full Name (Last, First, Middle Initial)
Kathleen McLaughlin

Transaction ID: 00404.E5501
Date of Disbursement

Mailing Address 803 N. Howard Street, #537

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Alexandria State VA Zip Code 22304-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

C.

Full Name (Last, First, Middle Initial)
Deborah Montagna

Transaction ID: 00404.E5508
Date of Disbursement

Mailing Address 71 Colonial Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Trenton State NJ Zip Code 08610-3611

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement
Refund of Contribution
Candidate Name

010
Category/ Type

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

SUBTOTAL of Disbursements This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Stephen M. Pauley

Transaction ID: 00703.E5585
Date of Disbursement

Mailing Address P. O. Box 3759

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

City Ketchum State ID Zip Code 83340-

Amount of Each Disbursement this Period

460.00

Purpose of Disbursement
Refund of Contribution

010

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
James Ratner

Transaction ID: 00703.E5589
Date of Disbursement

Mailing Address c/o 50 Public Square, Ste 1600

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

City Cleveland State OH Zip Code 44113-

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Refund of Contribution

010

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
Ronald Ratner

Transaction ID: 00703.E5587
Date of Disbursement

Mailing Address 50 Public Square Ste 1600

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

City Cleveland State OH Zip Code 44113-

Amount of Each Disbursement this Period

4200.00

Purpose of Disbursement
Refund of Contribution

010

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

6760.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

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

Transaction ID: 00404.E5505
Date of Disbursement

Mailing Address 27 Auburn Place

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
San Antonio TX 78209-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

B.

Full Name (Last, First, Middle Initial)
Deborah Ratner Salzberg

Transaction ID: 00703.E5590
Date of Disbursement

Mailing Address c/o 50 Public Square, Ste 1600

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

City State Zip Code
Cleveland OH 44113-

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Refund of Contribution

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

C.

Full Name (Last, First, Middle Initial)
John Tagami

Transaction ID: 00404.E5504
Date of Disbursement

Mailing Address 309 Sycamore Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Falls Church VA 22046-2536

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Refund of Contribution

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other Prior Electio

SUBTOTAL of Disbursements This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) George W. Taylor Mailing Address P.O. Box 211 City Princeton State NJ Zip Code 08542-0211 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00703.E5591 Date of Disbursement <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>6</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">950.00</td> </tr> </table> 010 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	8	/	2	0	1	0	950.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	2	8	/	2	0	1	0														
950.00																							
B.	Full Name (Last, First, Middle Initial) Randall West Mailing Address 1 Massachusetts Ave NW Ste 880 City Washington State DC Zip Code 20001-1401 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00404.E5510 Date of Disbursement <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>4</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">500.00</td> </tr> </table> 010 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	5	/	2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	0	5	/	2	0	1	0														
500.00																							
C.	Full Name (Last, First, Middle Initial) Robert Wichlinski Mailing Address 341 S. 100 West City Valparaiso State IN Zip Code 46385-9660 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00404.E5502 Date of Disbursement <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>4</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> 010 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	5	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	0	5	/	2	0	1	0														
1000.00																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">2450.00</td> </tr> </table>	2450.00
2450.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;">41160.00</td> </tr> </table>	41160.00
41160.00		