

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 Category/Type
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 Category/Type
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 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

33000.00

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