

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE STATE

05 APR 19 PM 3:30

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

[Empty box for mailing label]

Akaka In 2006

ADDRESS (number and street)

P.O. Box 3169

Check if different than previously reported. (ACC)

Honolulu

HI

96802

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00368134

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

HI

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

[Empty box]

[Empty box]

[Empty box]

in the State of

[Empty box]

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

[Empty box]

[Empty box]

[Empty box]

in the State of

[Empty box]

5. Covering Period

01

01

2005

through

03

31

2005

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

George H. Lumsden

Signature of Treasurer

x George H. Lumsden

Date

04

14

2005

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 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Akaka In 2006

Report Covering the Period:

From:

M M
01D D
01Y Y Y Y
2005

To:

M M
03D D
31Y Y Y Y
2005

	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)).....	42645.00	71549.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	42645.00	71549.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	12797.29	146536.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	141.95	1489.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12655.34	145047.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	112591.77	
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 02/2003)

Page 3

Write or Type Committee Name
Akaka in 2006

Report Covering the Period: From:

M	N
01	

D	D
01	

Y	Y	Y	Y
2	0	0	5

 To:

M	M
03	

D	D
31	

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A).....	10300.00	
(ii) Unitemized.....	245.00	
(iii) TOTAL of contributions from individuals..... ▶	10545.00	19424.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	32100.00	52125.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	42645.00	71549.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	282421.64
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.).....	141.95	1489.66
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	36.16	8168.39
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	42823.11	363628.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12797.29	146536.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	104500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12797.29	251036.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	82565.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page 3).....	42823.11
25. SUBTOTAL (add Line 23 and Line 24).....	125389.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12797.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	112591.77

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 11d
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (in Full)
Akaka In 2006

Full Name (Last, First, Middle Initial) A. Richard L. Demitt		Date of Receipt 03 / 17 / 2005
Mailing Address 9089 Clairemont Mesa Boulevard		Transaction ID: SA11A1.5166
City San Diego	State CA	Zip Code 92123
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Royal Hawaiian Movers	Occupation President and owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Fred Galtonas		Date of Receipt 03 / 30 / 2005
Mailing Address 112 Punahale Street		Transaction ID: SA11A1.5170
City Hilo	State HI	Zip Code 96720
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer ILWU	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. David S. Gemroth		Date of Receipt 03 / 17 / 2005
Mailing Address P.O. Box 20652		Transaction ID: SA11A1.5172
City Alexandria	State VA	Zip Code 22320
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer R.J. Hudson Associates	Occupation Lobbyist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 2069.00	

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 6 / 35

(check only one)

 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Akaka In 2006

Full Name (Last, First, Middle Initial)

A. David S. Gemroth

Mailing Address P.O. Box 20652

City

Alexandria

State

VA

Zip Code

22320

FEC ID number of contributing federal political committee.

C

Name of Employer
R.J. Hudson Associates

Occupation

Lobbyist

Receipt For: 2006

 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

3089.00

Date of Receipt

MM / DD / YYYY
03 / 17 / 2005

Transaction ID: SA11A1.5223

Amount of Each Receipt this Period

1000.00

 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. Rebecca J. Hudson

Mailing Address P.O. Box 20652

City

Alexandria

State

VA

Zip Code

22320-1652

FEC ID number of contributing federal political committee.

C

Name of Employer
R.J. Hudson Associates

Occupation

Photographer

Receipt For: 2006

 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
03 / 17 / 2005

Transaction ID: SA11A1.5173

Amount of Each Receipt this Period

2000.00

 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. Bert A. Kobayashi

Mailing Address 1001 Bishop Street
Suite 1570

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Contractor

Receipt For: 2006

 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
03 / 17 / 2005

Transaction ID: SA11A1.5175

Amount of Each Receipt this Period

2000.00

 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 35	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Akaka in 2006

A. Full Name (Last, First, Middle Initial)
Franklin K. Mukai

Mailing Address 1140 Waiholo Street

City Honolulu State HI Zip Code 96821

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

Name of Employer: McCormick Miller Mukai LLP
Occupation: Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
03 / 04 / 2005

Transaction ID: SA11A1.5177

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Ed Zajonc

Mailing Address 717 Village Circle, NW

City Bainbridge Island State WA Zip Code 98110-2748

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

Name of Employer: Olympic Services
Occupation: President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
03 / 30 / 2005

Transaction ID: SA11A1.5179

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	10300.00

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

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

FOR LINE NUMBER:	PAGE 8/35		
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
Akaka in 2006

Full Name (Last, First, Middle Initial) A. Nishihama & Kishida, CPA's Inc.		Date of Receipt 03 / 20 / 2005
Mailing Address Suite 1700 ASB Tower 1001 Bishop St.		Transaction ID: SA11A1.5207
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 217.50
Name of Employer	Occupation	Exempt accounting services <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(B-1)) (MEMO ITEM)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4073.10	

Full Name (Last, First, Middle Initial) B. Nishihama & Kishida, CPA's Inc.		Date of Receipt 03 / 31 / 2005
Mailing Address Suite 1700 ASB Tower 1001 Bishop St.		Transaction ID: SA11A1.5208
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 277.50
Name of Employer	Occupation	Exempt accounting services <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(B-1)) (MEMO ITEM)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional)	495.00
TOTAL This Period (last page this line number only)	495.00

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

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

FOR LINE NUMBER: PAGE 9/35

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Akaka In 2006

Full Name (Last, First, Middle Initial)

A. Carpenters Legislative Committee United Brotherhood of Carpenters and Joiners

Mailing Address 101 Constitution Ave NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing federal political committee.

C C00001018

Name of Employer

Occupation

Receipt For:

2006

 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
03 / 17 / 2005

Transaction ID: SA11C.5190

Amount of Each Receipt this Period

5000.00

 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

Full Name (Last, First, Middle Initial)

B. Hopfund Inc.

Mailing Address 807 14th Street NW Suite 800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C C00409052

Name of Employer

Occupation

Receipt For:

2006

 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY
03 / 17 / 2005

Transaction ID: SA11C.5191

Amount of Each Receipt this Period

2100.00

 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

Full Name (Last, First, Middle Initial)

C. International Longshore and Warehouse Union - Political Action Fund

Mailing Address 1188 Franklin Street

City

San Francisco

State

CA

Zip Code

94108

FEC ID number of contributing federal political committee.

C C00176214

Name of Employer

Occupation

Receipt For:

2006

 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
03 / 17 / 2005

Transaction ID: SA11C.5192

Amount of Each Receipt this Period

5000.00

 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

SUBTOTAL of Receipts This Page (optional) ▶

12100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 / 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
Akaka In 2006

Full Name (Last, First, Middle Initial) A. International Longshore and Warehouse Union - Political Action Fund		Date of Receipt 03 / 17 / 2005
Mailing Address 1188 Franklin Street		Transaction ID: SA11C.5198
City San Francisco	State CA	Zip Code 94108
FEC ID number of contributing federal political committee. C 000176214		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) B. UJFAT Member and Family Fundraising PC Account		Date of Receipt 03 / 30 / 2005
Mailing Address 1750 New York Ave		Transaction ID: SA11C.5195
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C 000348035		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Laborers' Political League		Date of Receipt 03 / 30 / 2005
Mailing Address 905 16th Street, N.W.		Transaction ID: SA11C.5198
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C 00045806		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional)	14000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 35

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. Plumbers & Fitters Union Local 675 AFL-CIO Political Action Committee Fund

Mailing Address 1109 Belhel Street
Lower Level

City State Zip Code
Honolulu HI 96813

FEC ID number of contributing federal political committee. **C** C00225151

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

01 / 19 / 2005

Transaction ID: SA11C.5200

Amount of Each Receipt this Period

5000.00

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

Full Name (Last, First, Middle Initial)

B. United Transportation Union (UTU) Transportation Political Education League

Mailing Address 14600 Detroit Avenue

City State Zip Code
Cleveland OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

03 / 17 / 2005

Transaction ID: SA11C.5188

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

6000.00

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

32100.00

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

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

FOR LINE NUMBER: (check only one)	PAGE 12 / 35
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Akaka in 2006

Full Name (Last, First, Middle Initial) A. Council For A Livable World		Date of Receipt MM / DD / YYYY 02 / 08 / 2005
Mailing Address 322 4th Street NE		Transaction ID: SA14.5217
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	Refund of website fees paid on 2/2/05. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 30.00	

Full Name (Last, First, Middle Initial) B. FHB BankCard Center		Date of Receipt MM / DD / YYYY 01 / 12 / 2005
Mailing Address P.O. Box 29450		Transaction ID: SA14.5126
City Honolulu	State HI	Zip Code 96820-1850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	Reverse double payment of agent fee paid on 12/21/04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) C. FHB BankCard Center		Date of Receipt MM / DD / YYYY 03 / 21 / 2005
Mailing Address P.O. Box 29450		Transaction ID: SA14.5209
City Honolulu	State HI	Zip Code 96820-1850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	Reverse duplicate payment of membership fee paid on 10/7/04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 35.60	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:		PAGE 13 / 35	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Akaka in 2008

Full Name (Last, First, Middle Initial)
A. FHB BankCard Center

Mailing Address P.O. Box 29450

City State Zip Code
Honolulu HI 96820-1850

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
112.55

Date of Receipt
03 / 21 / 2005

Transaction ID: SA14.5210

Amount of Each Receipt this Period
78.95

Reverse duplicate payment of finance charges paid on 10/7/04
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)441a-1)

SUBTOTAL of Receipts This Page (optional)	78.95
TOTAL This Period (last page this line number only)	141.95

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

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

FOR LINE NUMBER: PAGE 14 / 35
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Akaka in 2006

A. Full Name (Last, First, Middle Initial)
First Hawaiian Bank - Checking account

Mailing Address P.O. Box 3200

City Honolulu State HI Zip Code 96847

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
\$9.49

Date of Receipt
MM / DD / YYYY
01 / 31 / 2005

Transaction ID: SA15.5205

Amount of Each Receipt this Period
0.46

Int. earned on checking account
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-1)

B. Full Name (Last, First, Middle Initial)
First Hawaiian Bank - Checking account

Mailing Address P.O. Box 3200

City Honolulu State HI Zip Code 96847

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
\$9.80

Date of Receipt
MM / DD / YYYY
02 / 28 / 2005

Transaction ID: SA15.5206

Amount of Each Receipt this Period
0.31

Int. earned on checking account
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-1)

C. Full Name (Last, First, Middle Initial)
First Hawaiian Bank - Checking account

Mailing Address P.O. Box 3200

City Honolulu State HI Zip Code 96847

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
\$6.07

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: SA15.5219

Amount of Each Receipt this Period
0.27

Int. earned on checking account
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1.04**

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

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

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

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NAME OF COMMITTEE (in Full)
Akaka in 2006

A. Full Name (Last, First, Middle Initial)
First Hawaiian Bank - Savings account

Mailing Address P.O. Box 3200

City Honolulu State HI Zip Code 96847

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7084.44

Date of Receipt
01 / 31 / 2005

Transaction ID: SA15.5203

Amount of Each Receipt this Period
11.24

Interest earned on savings account
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
First Hawaiian Bank - Savings account

Mailing Address P.O. Box 3200

City Honolulu State HI Zip Code 96847

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7094.83

Date of Receipt
02 / 28 / 2005

Transaction ID: SA15.5204

Amount of Each Receipt this Period
10.39

Interest earned on savings account
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
First Hawaiian Bank - Savings account

Mailing Address P.O. Box 3200

City Honolulu State HI Zip Code 96847

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7108.32

Date of Receipt
03 / 31 / 2005

Transaction ID: SA15.5222

Amount of Each Receipt this Period
13.49

Interest earned on savings account
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)	35.12
TOTAL This Period (last page this line number only)	36.18

**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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NAME OF COMMITTEE (In Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. A-American Self Storage

Mailing Address 720 South Street

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Storage rent

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.5138

Date of Disbursement

02 / 27 / 2005

Amount of Each Disbursement this Period

663.75

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

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address P.O. Box 2969

City Omaha State NE Zip Code 68103-2969

Purpose of Disbursement
Long distance charges

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.5121

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1.34

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

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address P.O. Box 2969

City Omaha State NE Zip Code 68103-2969

Purpose of Disbursement
Long distance charges

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.5140

Date of Disbursement

03 / 20 / 2005

Amount of Each Disbursement this Period

36.50

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

SUBTOTAL of Disbursements This Page (optional) ▶

703.59

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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20a 20b 20c 21

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NAME OF COMMITTEE (in Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. AT&T Wireless Services

Mailing Address P.O. Box 78110

City Phoenix State AZ Zip Code 85062-8110

Purpose of Disbursement

Cellular phone charges

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5096

Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

108.38

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

Full Name (Last, First, Middle Initial)

B. Cherry Blossom Festival

Mailing Address 2454 S. Beretania Street

City Honolulu State HI Zip Code 96826

Purpose of Disbursement

Sash for festival

Candidate Name

D12
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5111

Date of Disbursement

01 / 24 / 2005

Amount of Each Disbursement this Period

104.00

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

Full Name (Last, First, Middle Initial)

C. Cingular Wireless

Mailing Address P.O. Box 30178

City Los Angeles State CA Zip Code 90030-0178

Purpose of Disbursement

Cellular telephone charges

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5114

Date of Disbursement

01 / 24 / 2005

Amount of Each Disbursement this Period

90.05

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

SUBTOTAL of Disbursements This Page (optional) ▶

302.43

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

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(check only one)

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21

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NAME OF COMMITTEE (In full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. Cingular Wireless

Mailing Address P.O. Box 30178

City

Los Angeles

State

CA

Zip Code

90030-0178

Purpose of Disbursement

Cellular service charge

Candidate Name

001

Category/
Type

Office Sought:

 House Senate President

Disbursement For:

 Primary General Other (specify) ▼

State:

District:

Transaction ID: SB17.5123

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

47.31

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

Full Name (Last, First, Middle Initial)

B. Cingular Wireless

Mailing Address P.O. Box 30178

City

Los Angeles

State

CA

Zip Code

90030-0178

Purpose of Disbursement

Cellular service charge

Candidate Name

001

Category/
Type

Office Sought:

 House Senate President

Disbursement For:

 Primary General Other (specify) ▼

State:

District:

Transaction ID: SB17.5152

Date of Disbursement

03 / 26 / 2005

Amount of Each Disbursement this Period

202.86

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

Full Name (Last, First, Middle Initial)

C. Council For A Livable World

Mailing Address 322 4th Street NE

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Website fees

Candidate Name

001

Category/
Type

Office Sought:

 House Senate President

Disbursement For:

 Primary General Other (specify) ▼

State:

District:

Transaction ID: SB17.5214

Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

520.00

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

SUBTOTAL of Disbursements This Page (optional)

770.17

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

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NAME OF COMMITTEE (In Full)

Akaka In 2006

Full Name (Last, First, Middle Initial)

A. Council For A Livable World

Mailing Address 322 4th Street NE

City
WashingtonState
DC Zip Code
20002Purpose of Disbursement
Website fees

Candidate Name

Office Sought: House
 Senate
 PresidentDisbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5215

Date of Disbursement

M	M	D	Y	Y	Y	Y
0	3	0	2	2	0	0

Amount of Each Disbursement this Period

70.20

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

Full Name (Last, First, Middle Initial)

B. Dale Ballrooms

Mailing Address 650 Twifel Road

City
HonoluluState
HI Zip Code
96817Purpose of Disbursement
Democratic Caucus - Deposit for rental

Candidate Name

Office Sought: House
 Senate
 PresidentDisbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5134

Date of Disbursement

M	M	D	Y	Y	Y	Y
0	2	1	5	2	0	0

Amount of Each Disbursement this Period

400.00

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

Full Name (Last, First, Middle Initial)

C. FHB BankCard Center

Mailing Address P.O. Box 29450

City
HonoluluState
HI Zip Code
96820-1850Purpose of Disbursement
Charge card payment

Candidate Name

Office Sought: House
 Senate
 PresidentDisbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5079

Date of Disbursement

M	M	D	Y	Y	Y	Y
0	1	1	2	2	0	0

Amount of Each Disbursement this Period

2349.99

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

SUBTOTAL of Disbursements This Page (optional) ▶

2820.19

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

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NAME OF COMMITTEE (In Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. FHB BankCard Center

Mailing Address P.O. Box 29450

 City
Honolulu

 State
HI

 Zip Code
96820-1850

 Purpose of Disbursement
Late fee and finance charges

Candidate Name

001

 Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5079.0

Date of Disbursement

01	12	2005
----	----	------

Amount of Each Disbursement this Period

48.75

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hawaii Prince Hotel - Prince Court Restaurant

Mailing Address 100 Holomoana Street

 City
Honolulu

 State
HI

 Zip Code
96815

 Purpose of Disbursement
Luncheon for supporters and campaign coordinators

Candidate Name

001

 Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5079.1

Date of Disbursement

01	12	2005
----	----	------

Amount of Each Disbursement this Period

1572.01

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MDK Enterprises

Mailing Address 32 Kumano Drive

 City
Pukalani

 State
HI

 Zip Code
96768

 Purpose of Disbursement
Christmas gift basket - jellies

Candidate Name

001

 Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5079.2

Date of Disbursement

01	12	2005
----	----	------

Amount of Each Disbursement this Period

108.00

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

[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)

0.00

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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 20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
Akaka In 2006

Full Name (Last, First, Middle Initial)
A. Wholesale Unlimited Manoa

Mailing Address 2752 Woodlawn Drive #5

City Honolulu State HI Zip Code 96819

Purpose of Disbursement
Christmas gift basket - candles

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5079.3
Date of Disbursement

MM / DD / YYYY
01 / 12 / 2005

Amount of Each Disbursement this Period

449.11

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Longs Drugs Hawaii Kai

Mailing Address 377 Keahole Street

City Honolulu State HI Zip Code 96825

Purpose of Disbursement
Christmas gift basket - candles

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5079.4
Date of Disbursement

MM / DD / YYYY
01 / 12 / 2005

Amount of Each Disbursement this Period

172.12

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. FHB BankCard Center

Mailing Address P.O. Box 29450

City Honolulu State HI Zip Code 96820-1850

Purpose of Disbursement
Charge card payment

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5097
Date of Disbursement

MM / DD / YYYY
01 / 12 / 2005

Amount of Each Disbursement this Period

24.95

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

SUBTOTAL of Disbursements This Page (optional) ▶

24.95

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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NAME OF COMMITTEE (In Full)
Akaka in 2008

A. Full Name (Last, First, Middle Initial)
FHB BankCard Center

Mailing Address P.O. Box 29450

City Honolulu State HI Zip Code 96820-1850

Purpose of Disbursement
Late fee and finance charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.5097.0
Date of Disbursement

MM / DD / YYYY
01 / 12 / 2005

Amount of Each Disbursement this Period

24.95

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

(MEMO ITEM)

001
Category/
Type

B. Full Name (Last, First, Middle Initial)
FHB BankCard Center

Mailing Address P.O. Box 29450

City Honolulu State HI Zip Code 96820-1850

Purpose of Disbursement
Charge card payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.5100
Date of Disbursement

MM / DD / YYYY
01 / 12 / 2005

Amount of Each Disbursement this Period

410.21

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

001
Category/
Type

G. Full Name (Last, First, Middle Initial)
Wisteria

Mailing Address 1208 S. King Street

City Honolulu State HI Zip Code 96814

Purpose of Disbursement
Meals for volunteers

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.5100.0
Date of Disbursement

MM / DD / YYYY
01 / 12 / 2005

Amount of Each Disbursement this Period

58.75

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

(MEMO ITEM)

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

410.21

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

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(check only one)

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 17
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20b
 19c
20c
 19b
21

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NAME OF COMMITTEE (In Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. FHB BankCard Center

Mailing Address P.O. Box 29450

City
HonoluluState
HIZip Code
96820-1850Purpose of Disbursement
Late fee and finance charges

Candidate Name

001

Category/
TypeOffice Sought: House
 Senate
 PresidentDisbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5100.1

Date of Disbursement

Amount of Each Disbursement this Period

30.68

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Cingular

Mailing Address 737 Bishop Street

City
HonoluluState
HIZip Code
96813Purpose of Disbursement
Cellular telephone

Candidate Name

001

Category/
TypeOffice Sought: House
 Senate
 PresidentDisbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5100.2

Date of Disbursement

Amount of Each Disbursement this Period

207.26

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OfficeMax

Mailing Address 770 Ala Moana Blvd.

City
HonoluluState
HIZip Code
96813Purpose of Disbursement
PG140 Copier

Candidate Name

001

Category/
TypeOffice Sought: House
 Senate
 PresidentDisbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5100.3

Date of Disbursement

Amount of Each Disbursement this Period

113.52

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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
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NAME OF COMMITTEE (In Full)

Akaka In 2008

Full Name (Last, First, Middle Initial)

A. FHB BankCard Center

Mailing Address P.O. Box 29450

City Honolulu State HI Zip Code 96820-1850

Purpose of Disbursement

Charge card payment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.5119

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

3.32

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

Full Name (Last, First, Middle Initial)

B. FHB BankCard Center

Mailing Address P.O. Box 29450

City Honolulu State HI Zip Code 96820-1850

Purpose of Disbursement

Finance charges

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.5118.D

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

3.32

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

C. FHB BankCard Center

Mailing Address P.O. Box 29450

City Honolulu State HI Zip Code 96820-1850

Purpose of Disbursement

Charge card payment

Candidate Name

006
Category/
Type

Office Sought: House Senate President

State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.5124

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

2637.15

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

SUBTOTAL of Disbursements This Page (optional)

2640.47

TOTAL This Period (last page this line number only)

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

 Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Akaka In 2006

Full Name (Last, First, Middle Initial)

A. The Willows

Mailing Address 817 Hauslan Street

City Honolulu State HI Zip Code 96826

 Purpose of Disbursement
Lunch for volunteers

Candidate Name

001

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5124.0

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

107.29

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American T-Shirt Co.

Mailing Address 1217 North King St.

City Honolulu State HI Zip Code 96817

 Purpose of Disbursement
Campaign T-Shirts

Candidate Name

006

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5124.1

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

2480.59

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. One Shot Supplies, Inc.

Mailing Address 815-A Waiakamilo Road

City Honolulu State HI Zip Code 96817

 Purpose of Disbursement
Silk screening paints

Candidate Name

006

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5124.2

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

49.27

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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 NAME OF COMMITTEE (in Full)
Akaka in 2006

Full Name (Last, First, Middle Initial) A. FHB BankCard Center		Transaction ID: SB17.5141 Date of Disbursement 03 / 26 / 2005	
Mailing Address P.O. Box 29450		Amount of Each Disbursement this Period 315.98	
City Honolulu State HI Zip Code 96820-1850	Purpose of Disbursement Charge card payment		
Candidate Name		001 Category/Type	
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) ▼		
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) B. Cingular		Transaction ID: SB17.5141.0 Date of Disbursement 03 / 26 / 2005	
Mailing Address 737 Bishop Street		Amount of Each Disbursement this Period 156.24	
City Honolulu State HI Zip Code 96813	Purpose of Disbursement Cellular phone for fundraising		
Candidate Name		003 Category/Type	
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) ▼		
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			

Full Name (Last, First, Middle Initial) C. Cingular		Transaction ID: SB17.5141.1 Date of Disbursement 03 / 26 / 2005	
Mailing Address 737 Bishop Street		Amount of Each Disbursement this Period 156.24	
City Honolulu State HI Zip Code 96813	Purpose of Disbursement Cellular phone for campaign		
Candidate Name		001 Category/Type	
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) ▼		
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			

SUBTOTAL of Disbursements This Page (optional)

315.98

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. U.S. Postal Service

Mailing Address 7040 Hawaii Kai Drive

City Honolulu State HI Zip Code 96825

Purpose of Disbursement

Postal charge

Candidate Name

001

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.5141.2

Date of Disbursement

03 / 28 / 2005

Amount of Each Disbursement this Period

3.50

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FHB BankCard Center

Mailing Address P.O. Box 29450

City Honolulu State HI Zip Code 96820-1850

Purpose of Disbursement

Charge card payment

Candidate Name

006

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.5153

Date of Disbursement

03 / 26 / 2005

Amount of Each Disbursement this Period

552.06

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

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 1020 Auahi Street

City Honolulu State HI Zip Code 96814

Purpose of Disbursement

Envelopes

Candidate Name

001

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.5153.0

Date of Disbursement

03 / 28 / 2005

Amount of Each Disbursement this Period

58.36

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

552.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (in Full)

Akaka In 2006

Full Name (Last, First, Middle Initial)

A. Longs Drugs Hawaii Kai

Mailing Address 377 Kaahola Street

City Honolulu State HI Zip Code 96825

Purpose of Disbursement
Macadamia nuts for gift baskets

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5153.1

Date of Disbursement

03 / 26 / 2005

Amount of Each Disbursement this Period

51.80

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. One Shot Supplies, Inc.

Mailing Address 815-A Waiakamilo Road

City Honolulu State HI Zip Code 96817

Purpose of Disbursement
Silk screening paints

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5153.2

Date of Disbursement

03 / 26 / 2005

Amount of Each Disbursement this Period

21.93

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American T-Shirt Co.

Mailing Address 1217 North King St.

City Honolulu State HI Zip Code 96817

Purpose of Disbursement
T-shirts for campaign

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5153.3

Date of Disbursement

03 / 26 / 2005

Amount of Each Disbursement this Period

419.97

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (in Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. Hawaii Hochl

Mailing Address P.O. Box 17430

City Honolulu

State HI

Zip Code 96817

Purpose of Disbursement

New Year 2005 Edition

Candidate Name

001

Category
Type

Office Sought:

 House Senate President

Disbursement For:

 Primary General Other (specify) ▼

State:

District:

Transaction ID: SB17.5115

Date of Disbursement

Amount of Each Disbursement this Period

175.77

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

Full Name (Last, First, Middle Initial)

B. Hawaii State Tax Collector

Mailing Address Oahu District Office
P.O. Box 1425

City Honolulu

State HI

Zip Code 96806-1425

Purpose of Disbursement

General excise tax

Candidate Name

001

Category
Type

Office Sought:

 House Senate President

Disbursement For:

 Primary General Other (specify) ▼

State:

District:

Transaction ID: SB17.5109

Date of Disbursement

Amount of Each Disbursement this Period

3.66

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

Full Name (Last, First, Middle Initial)

C. Hawaii Technology Consulting

Mailing Address 1059 Prospect Street

City Honolulu

State HI

Zip Code 96822-3452

Purpose of Disbursement

Consulting services

Candidate Name

001

Category
Type

Office Sought:

 House Senate President

Disbursement For:

 Primary General Other (specify) ▼

State:

District:

Transaction ID: SB17.5116

Date of Disbursement

Amount of Each Disbursement this Period

206.33

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

SUBTOTAL of Disbursements This Page (optional) ▶

387.76

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Akaka In 2006

A. Full Name (Last, First, Middle Initial)
Nishihama & Kishida, CPA's Inc.

Mailing Address Suite 1700 ASB Tower
1001 Bishop St.

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Quarterly FEC Report

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5139

Date of Disbursement

03 / 20 / 2005

Amount of Each Disbursement this Period

918.00

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

B. Full Name (Last, First, Middle Initial)
Nishihama & Kishida, CPA's Inc.

Mailing Address Suite 1700 ASB Tower
1001 Bishop St.

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
2004 Tax Preparation

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5159

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

1171.11

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

C. Full Name (Last, First, Middle Initial)
Richard Onishi

Mailing Address 2040 Ainala Place

City Hilo State HI Zip Code 96720

Purpose of Disbursement
Reimbursement for airfare & parking

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5089

Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

155.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2242.11

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
Akaka in 2006

Full Name (Last, First, Middle Initial)

A. Aloha Airlines

Mailing Address P.O. Box 30028

City Honolulu State HI Zip Code 96820

Purpose of Disbursement
Airfare to attend campaign coordinators meeting

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5089.0

Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

148.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMPCO System Parking

Mailing Address Hilo International Airport

City Hilo State HI Zip Code 96720

Purpose of Disbursement
Airport parking

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5089.1

Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

7.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address P.O. Box 3169

City Honolulu State HI Zip Code 96802

Purpose of Disbursement
Petty cash replenishment - Postage/Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5108

Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

462.91

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

SUBTOTAL of Disbursements This Page (optional) ▶

462.91

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Akaka In 2006

Full Name (Last, First, Middle Initial) A. Reed & Jay Photography		Transaction ID: SB17.5117 Date of Disbursement MM / DD / YYYY 02 / 14 / 2005	
Mailing Address 239 Haili Street		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">437.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Hilo	State HI		
Purpose of Disbursement Photo prints of Akaka		DD1 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Florence Sakai		Transaction ID: SB17.5137 Date of Disbursement MM / DD / YYYY 02 / 27 / 2005	
Mailing Address 33 Kailiko Drive		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">200.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Wahilawa	State HI		
Purpose of Disbursement Reimbursement for stationery		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Office of the Secretary Stationary Room		Transaction ID: SB17.5137.D Date of Disbursement MM / DD / YYYY 02 / 27 / 2005	
Mailing Address First and C Street, NE		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">200.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		
Purpose of Disbursement Stationery cards		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

(MEMO ITEM)

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 2px;">638.48</div>
TOYAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

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NAME OF COMMITTEE (in Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. Florence Sakai

Mailing Address 33 Kallio Drive

 City State Zip Code
 Wahiawa HI 96788

 Purpose of Disbursement
 Reimbursement for purchase of cards

Candidate Name

 001
 Category/
Type

 Office Sought: House
 Senate
 President

State: District:

 Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5160

Date of Disbursement

 / /

Amount of Each Disbursement this Period

100.49

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

Full Name (Last, First, Middle Initial)

B. Office of the Secretary Stationary Room

Mailing Address First and C Street, NE

 City State Zip Code
 Washington DC 20510

 Purpose of Disbursement
 Stationary cards

Candidate Name

 001
 Category/
Type

 Office Sought: House
 Senate
 President

State: District:

 Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5160.0

Date of Disbursement

 / /

Amount of Each Disbursement this Period

100.49

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Verizon Hawaii Inc.

Mailing Address P.O. Box 30001

 City State Zip Code
 Inglewood CA 90313-0001

 Purpose of Disbursement
 Telephone service

Candidate Name

 001
 Category/
Type

 Office Sought: House
 Senate
 President

State: District:

 Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5113

Date of Disbursement

 / /

Amount of Each Disbursement this Period

68.60

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

SUBTOTAL of Disbursements This Page (optional) ▶

169.09

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

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (in Full)

Akaka in 2006

Full Name (Last, First, Middle Initial)

A. Verizon Hawaii Inc.

Mailing Address P.O. Box 30001

City Inglewood State CA Zip Code 90313-0001

 Purpose of Disbursement
Telephone service

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5138

Date of Disbursement

 / /

Amount of Each Disbursement this Period

73.09

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

Full Name (Last, First, Middle Initial)

B. Verizon Hawaii Inc.

Mailing Address P.O. Box 30001

City Inglewood State CA Zip Code 90313-0001

 Purpose of Disbursement
Telephone service

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5158

Date of Disbursement

 / /

Amount of Each Disbursement this Period

72.82

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

Full Name (Last, First, Middle Initial)

C. Ross Wilson

Mailing Address 75-5751 Kuakini Highway
Suite 202

City Kailua-Kona State HI Zip Code 96740

 Purpose of Disbursement
Reimbursement for airfare

Candidate Name

 002
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5071

Date of Disbursement

 / /

Amount of Each Disbursement this Period

210.98

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

SUBTOTAL of Disbursements This Page (optional) ▶

356.89

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 35 / 35

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Akaka In 2006

Full Name (Last, First, Middle Initial)

A Hawaiian Airlines

Mailing Address 3375 Kapaeha Street G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement

Airfare to attend campaign coordinators meeting

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.5071.D
Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement This Period

210.98

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

12797.29

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7004 2510 0001 9863-5339



Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-0109



EMILY J. REYNOLDS
SECRETARY

PAMELA B. BAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 332
WASHINGTON, DC 20510-7516
PHONE: (202) 224-0322

United States Senate

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JT

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