

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEDERAL MAIL CENTER
2010 APR 15 PM 12:28

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HAWAII OPTOMETRIC PAC

ADDRESS (number and street)

94239 WAIPAHU DEPOT STREET



Check if different than previously reported. (ACC)

WAIPAHU

HI

96797

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00320143

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



July 31 Mid-Year Report (Non-election Year Only) (MY)



Termination Report (TER)

(b) Monthly Report Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11) (Non-Election Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12) (Non-Election Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD /

YY

in the State of

State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD /

YY

in the State of

State of

5. Covering Period

01 / 01 / 2010

03 / 31 / 2010

through

03 / 31 / 2010

04 / 06 / 2010

04 / 06 / 2010

04 / 06 / 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

Glenn M. Watanabe

Signature of Treasurer

Glenn M. Watanabe

Date

04 / 06 / 2010

04 / 06 / 2010

04 / 06 / 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.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Hawaii Optometric PAC

Report Covering the Period:

From:

01' 01' 2010

To:

03' 31' 2010

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1,

2010

2283148

(b) Cash on Hand at
Beginning of Reporting Period.....

2283148

(c) Total Receipts (from Line 19).....

1984900

1984900

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

4268048

4268048

7. Total Disbursements (from Line 31).....

602263

602263

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

3665785

3665785

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

0



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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Hawaii Optometric PAC

Report Covering the Period:

From:

01' 01' 2010

To:

03' 31' 2010

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

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

17350.00

17350.00

(ii) Unitemized.....

99.00

99.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

17449.00

17449.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

17449.00

17449.00

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

2400.00

2400.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

19849.00

19849.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

19849.00

19849.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
 (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
 (i) Federal Share

62263

62263

- (ii) Non-Federal Share.....

0

0

- (b) Other Federal Operating Expenditures

0

0

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

62263

62263

22. Transfers to Affiliated/Other Party Committees.....

0

0

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

440000

440000

24. Independent Expenditures (use Schedule E)

0

0

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

0

0

26. Loan Repayments Made.....

0

0

27. Loans Made.....

0

0

28. Refunds of Contributions To:
 (a) Individuals/Persons Other Than Political Committees

0

0

- (b) Political Party Committees

0

0

- (c) Other Political Committees (such as PACs).....

0

0

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

0

0

29. Other Disbursements

100000

100000

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share

0

0

- (ii) "Levin" Share.....

0

0

- (b) Federal Election Activity Paid Entirely With Federal Funds

0

0

- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....

0

0

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

602263

602263

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

602263

602263

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17449.00	17449.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17449.00	17449.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	62263	62263
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	62263	62263

10030293600

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Kozohara, Sheri

Mailing Address

2226 Liliha St

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/05/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Kato, Kilbert

Mailing Address

563 Farrington Hwy

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/05/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Visser, Kent

Mailing Address

1655 Hoomaike St

City

Pearl City

State

HI

Zip Code

96782

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/12/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional) ▶

90000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **2** OF **20**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Belisle, Glenn*

Mailing Address

901 Kuhio Hwy

City

Kapaa

State

HI

Zip Code

96746

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07/11/2010

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. *Taramoto, Sherilyn*

Mailing Address

1040 S. King St.

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07/11/2010

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. *Sakai, Jeff*

Mailing Address

750 Palani Ave

City

Waianae

State

HI

Zip Code

96792

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07/11/2010

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....▶

600.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Baum Marvin

Mailing Address

Stadium Mall

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Kuba, Janna

Mailing Address

94536 Lumianan St

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Shimabukuro, Kristin

Mailing Address

40 Aulike St

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

90000

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Arakaki, Linda

Mailing Address

94748 Hikimo = St

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Nagahino, Ken

Mailing Address

91803 Papipi Rd

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Nagahiro, Rae

Mailing Address

Lahaina Square

City

Lahaina

State

HI

Zip Code

96761

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional) ▶

90000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)			PAGE 5 OF 20					
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Lin, Paul*

Mailing Address

700 Keeaumoku St

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. *Man, David*

Mailing Address

848 Ala Liliko'i St

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. *Serikawa, Alan*

Mailing Address

848 Ala Liliko'i St

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

90000

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Maeda, Andrew

Mailing Address

1234 Kilauea Ave

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Maeda, Jennifer

Mailing Address

1234 Kilauea Ave

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Kuwabara, Dennis

Mailing Address

94748 Hikimoe St

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

90000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Fujisaki, Ira*

Mailing Address

850 Kamehameha Hwy

City

Pearl City

State

HI

Zip Code

96782

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. *Ling, Ronald*

Mailing Address

1010 Pensacola St

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. *Ohizuka, Homer*

Mailing Address

1010 Pensacola St

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

90000

TOTAL This Period (last page this line number only)

10030293607

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)			PAGE 8 OF 20					
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Oride, Michael*

Mailing Address

4100 Rice St

City

Lihue

State

HI

Zip Code

96766

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. *Schmalle, Traci*

Mailing Address

94348 Leleaka St

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. *Shoji, Peter*

Mailing Address

449 Kapahulu Ave

City

Honolulu

State

HI

Zip Code

96815

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

90000

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 9 OF 20	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

A. Full Name (Last, First, Middle Initial)
Fujiisaki, James

Mailing Address
94824 Moloalo St.

City Waipahu State HI Zip Code 96797

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation optometrist

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

B. Full Name (Last, First, Middle Initial)
Miyashiro, Grant

Mailing Address
325 E. Makaala St

City Hilo State HI Zip Code 96720

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation optometrist

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

C. Full Name (Last, First, Middle Initial)
Lau, Khan

Mailing Address
1450 Ala Moana Blvd

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation optometrist

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
30000

Date of Receipt

01/30/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

90000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Tanaka, Glen

Mailing Address

1831 S. King St

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/30/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Ueda, Jacqueline

Mailing Address

1600 Kapiolani Blvd

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/04/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Remillard, Jan

Mailing Address

1010 Pensacola St

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/04/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional) ▶

90000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Hirokawa, Jan

Mailing Address

1820 Algaroba St.

City

Honolulu

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/04/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Kubo, Brian

Mailing Address

333 A Kkahole St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/04/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Cambor, Angel

Mailing Address

479 Mililani St.

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/04/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional) ▶

90000

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 1 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Fujimoto, David

Mailing Address

1441 Kapiolani Blvd

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/12/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Casuga, Liane

Mailing Address

9550 Lanikuhana Ave

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/12/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Pham, Trinh

Mailing Address

1450 Ala Moana Blvd

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/12/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional).....▶

90000

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 13 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Reynolds, Ronald

Mailing Address

95390 Kuahelani Ave

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/12/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Reynolds, Geoffrey

Mailing Address

95390 Kuahelani Ave

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/12/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Ede, Roger

Mailing Address

377 Keahole St

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/17/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

90000

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Matsuda, Gerald

Mailing Address

80 Aulike St.

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/18/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Moon, Timothy

Mailing Address

1441 Kapiolani Blvd

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02/18/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Ching, Duane

Mailing Address

2615 S. King St

City

Honolulu

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

03/02/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional) ▶

90000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Fujinaka, Miles

Mailing Address

98211 Pali Momi St

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02' 24' 2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Shiro, Douglas

Mailing Address

31 E Lanikaula St.

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02' 24' 2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Hamada, Wesley

Mailing Address

960 Center St

City

Wahiawa

State

HI

Zip Code

96786

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02' 24' 2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional) ▶

90000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **16** OF **20**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Isue, John*

Mailing Address

755722 Kuakini Hwy

City

Kailua-Kona

State

HI

Zip Code

96740

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

03/18/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. *Yoshioka, Nelson*

Mailing Address

1123 11th Ave

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

03/29/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. *Matshyama, Wayne*

Mailing Address

1109 12th Ave

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30000

Date of Receipt

03/29/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional) ▶

90000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Van, Alicia

Mailing Address

230 Noe St.

City

Kihikihi

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

03/29/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Kawakami, Kim

Mailing Address

80 Mahalani St.

City

Wailuku

State

HI

Zip Code

96793

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

03/29/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Lui, Kevin

Mailing Address

1580 Makaloa St.

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

03/30/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

90000

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Honda, Julie

Mailing Address

75166 Kalani St

City

Kailua-Kona

State

HI

Zip Code

96740

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

60000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

60000

Full Name (Last, First, Middle Initial)

B. Honda, Jay

Mailing Address

75166 Kalani St

City

Kailua-Kona

State

HI

Zip Code

96740

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. Matsuyama, Gerald

Mailing Address

1109 12th Ave

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

30000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

120000

10030293618

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 19 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Durham, Janice

Mailing Address

91110 Kaa'ina Pl.

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

15000

Full Name (Last, First, Middle Initial)

B. Takahashi, Edwin

Mailing Address

94235 Leolu St

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Date of Receipt

01/27/2010

Amount of Each Receipt this Period

20000

Full Name (Last, First, Middle Initial)

C. Tanaka, Stanley

Mailing Address

1831 S. King St.

City

Honolulu

State

HI

Zip Code

96824

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

optometrist

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Date of Receipt

02/18/2010

Amount of Each Receipt this Period

20000

SUBTOTAL of Receipts This Page (optional).....▶

55000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. Kunitamura, Glenn

Mailing Address

Hilo Lagoon Center

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

02 / 01 / 2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Matsushima, Anne

Mailing Address

3615 Harding Ave

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

optometrist

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

60000

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

1744900

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17
PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Hanabusa, Colleen*

Mailing Address

PO Box 1416

City

Honolulu

State

HI

Zip Code

96806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

01

06

2010

Amount of Each Receipt this Period

2400.00

*Refund of excess
contribution*

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

2400.00

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

Federal Candidates

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

FOR LINE NUMBER:
(check only one)

PAGE / OF /

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Inouye, Daniel*

Mailing Address

PO Box 1196

City *Honolulu*

State *HI*

Zip Code *96807*

Purpose of Disbursement

fundraiser

Candidate Name

Daniel K. Inouye

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: *HI*

District:

Date of Disbursement

02 / 06 / 2010

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. *Hanabusa, Colleen*

Mailing Address

PO Box 1416

City *Honolulu*

State *HI*

Zip Code *96806*

Purpose of Disbursement

fundraiser special election

Candidate Name

Colleen Hanabusa

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State: *HI*

District:

Special election

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

4400.00

10030293622

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Citizens for Responsible Government*

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2010

Mailing Address

PO Box 23031

City *Honolulu*

State *HI*

Zip Code *96823*

Purpose of Disbursement

fundraiser

Candidate Name

OLL

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

1,000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE / OF /

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Optometric PAC

Full Name (Last, First, Middle Initial)

A. *Bank of Hawaii*

Mailing Address

94712 Farrington Hwy

City

Waipahu

State

HI

Zip Code

96797

Purpose of Disbursement

bank fees

Candidate Name

0.01

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

622.63

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

622.63

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☒ USPS Registered/Certified Postmarked (R/C)
4/7/10

☐ USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

JW

PREPARER

(3/2005)

4/15/10

DATE PREPARED

10030293625