

**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 /

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

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NAME OF COMMITTEE (In Full)

*Hawaii 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*

*0.1.1*  
Category/  
Type

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

*200000*

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*

*0.1.1*  
Category/  
Type

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

*240000*

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

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).....▶

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